The Canadian Nurse

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THE HEAD NURSE.

If it be true that good nurses are born, not made, it is pre-eminently true of head nurses—those nurses who, having become proficient in the art of nursing and demonstrated their fitness for leadership, have had committed to their immediate charge a certain section or department of a hospital, and the direction of other nurses.

The nurse who undertakes this responsibility and successfully measures up to it, must possess not only the qualifications that are combined in a greater or less degree in good nurses in general, such as tact, patience, discreetness of speech, love for her work, neatness, dignity, self-control, but must have in addition the executive force needed to plan for others and direct, must have a womanly sweetness combined with strength, a gentleness backed by will force, must have an infinite capacity for details, must be able to rebuke without arousing antagonism, must have a genuine poise of soul that will enable her to meet with sweetness and courage the emergencies that are constantly arising in a hospital having an active service.

The head nurse carries a fourfold responsibility. She owes to the hospital with which she has identified herself her allegiance to its highest interests. She owes to its authorities respect, to her associates in service the courtesy demanded of a lady. She owes to the institution the preservation of a discreet silence regarding its internal affairs, such protection of its interests as her position enables her to give, no matter how antiquated, inefficient or inadequate she believes its service to be. If she wishes to introduce change in method, she owes it to those who in the final resort carry the responsibility, to consult them before attempting to instruct those over whom she has authority to deviate from the methods in vogue.

She owes to the physicians, who stand in the relation of superior officers, her respectful adherence to their orders, and, as far as may be, to their wishes and preferences. She owes to each physician her loyalty—not loyalty to Dr. Jones and an utter disregard of Dr. Brown's interest. She can often by a sentence, or

even a shake of the head at the right time, undermine a patient's confidence in Dr. Jones, but she has no right to do it, even though she does not like the man nor approve of his methods. She owes to the attending physicians absolute silence regarding their professional demerits or blunders.

She owes to the nurses whose work and conduct she directs a careful attention to the details of their service, a study of their individual characteristics, an intelligent use of all the means at her disposal, that will aid in their development as nurses, and an example that will be safe for them to follow.

What the head nurses of a hospital are we may expect the pupil nurses to be. This is one fact that needs especially to be borne in mind when choosing nurses for such places of responsibility. If the head nurses are lacking in dignity, free and familiar in their relations with physicians, harsh or unsympathetic in their bearing toward the patients, we may expect to see the same qualities expressed in the daily lives of the nurses. It is not alone a question of professional or executive ability; not alone what she can do, but what she is, that counts.

No nurse who has not learned the lesson of implicit obedience to authority, and practised it till it has become a habit of life, is fitted to command others. In a hospital, perhaps more than most institutions, it is necessary for military discipline, military precision, military obedience to prevail. This is one of the hard lessons for many head nurses to learn. It is difficult for them to measure accurately the degree of their influence upon others. Instead of creating in their subordinates a respect for authority, they manage to stir up questionings and doubts in the minds of pupil nurses as to the wisdom of this or that ruling. This is perhaps not often intentionally done, but, intentional or otherwise, the results are the same. The human tongue everywhere is capable of creating trouble unless controlled by principle, and the head nurse is in a good position both to create and to quell institutional disturbances.

The vital point at which many an otherwise capable head nurse fails is in the fact that she fails to see her place in the institutional situation clearly. She neither grasps its possibilities nor observes its limitations. It ought not to be necessary to remind a head nurse that she is not the superintendent, and that, above all, there must be one final authority, whose methods must be followed and whose will must be law, if order is to be preserved, but this fact is frequently overlooked. This phase of the head nurse problem makes itself keenly felt where are grouped in the same hospital several head nurses who are graduates of different schools. Each believes her methods superior to those of the other nurses, and practises them. If a steady, firm discipline is not maintained throughout the whole institution, confusion is sure to result. The pupil nurses, if taught by one head nurse that a

thing must be done this way, by a second that way, and by a third a totally different way, soon become careless, and think that "any old way will do," and who can blame them. This tendency among head nurses constitutes to-day one of the largest of the everyday problems of the superintendent. It is this one phase of the modern head nurse that leads many a superintendent to choose heads of departments exclusively from those trained in the institution, often to the detriment of the instituion. There is no one hospital whose way of doing everything is the best known. The infusion of new ideas and new methods is desirable and cannot but be helpful, if it can be accomplished in the right way, after due consideration on the part of those in authority, and made a uniform practice throughout the institution.

Another great difficulty with many otherwise capable head nurses is their inability to see the needs of the institution as a whole. They become so engrossed with their own department that they allow themselves to get out of touch with other departments and with the general work of the hospital. If emergencies in other departments are allowed to affect them, if they are asked to spare a nurse temporarily to meet some unusual need in some other department, they forthwith feel that an injustice has been done to them, and they cherish a personal grievance against the superintendent. This is no imaginary difficulty. It is all too deplorably real, and is making the problem of training-school discipline tremendously more difficult in many a hospital. It is often stated that one cannot expect to get all the virtues combined in one person, but the virtue of unselfishness, of devotion to the interests of the institution as a whole, of justice and everyday kindness, should not be left out of reckoning when considering candidates for heads of departments. No nurse who gives unpleasant exhibitions of temper, or who feels that she is abused when asked to rearrange her plans, is fitted either to be entrusted with the care of a number of sick people or to command pupil nurses. An unwilling, selfish spirit, a spirit that rebels when called upon to meet the emergencies of hospital life, is not the spirit for successful leadership.

The head nurse should never be chosen from the class of nurses —unfortunately a very large one—that considers a nursing education finished at graduation. The head nurse who never studies will soon find herself out-distanced by the bright nurses in training over whom she is placed. None are quicker to note narrowness and limitations and lack of ambition than students, and the nurse who has no taste or inclination for study will find it a difficult matter to retain the respect of subordinates. It is true that the distractions of hospital work and the responsibiliies of the life are not conducive to systematic habits of study, but if head nurses are to become efficient teachers and leaders, they must take time to plan and prepare; they must have a general knowledge of what is being taught by others.

Further than this, the head nurse needs to study people every hour of every day to understand human weaknesses and motives, conditions and habits, if she is to be, in deed and in truth, mistress of the situation. CHARLOTTE A. AIKENS.

CHRONIC TUBERCULOSIS.

There are many different enterprises that call the trained nurse into action, and none more important than instructing and nursing tuberculous patients in their homes, where poverty and unsanitary conditions hold sway. The disregard and disbelief in the prevention of tuberculosis by those afflicted and those caring for them is only too noticeable by the district nurse on her daily rounds. Yet the "line upon line" and "precept upon precept" has already brought forth results. My experience in the work has convinced me that were all tuberculous persons reached and taught the care of the sputum, the necessity of continuously breathing fresh air, scrupulous cleanliness with the body, food, clothing and rooms conscientiously day by day, and caused to carry them out, the desired effect would be gained by those really desirous of recovery or relief. There is always the kindly neighbor who offers advice, which seems reasonable, but really works mischief, and the patent medicine which stimulates and deceives the patient for a time. But the nurse goes right on with the arduous task, and is rewarded by seeing her patients relieved under the instructions.

Great care must be taken to make the patients understand the treatment is largely in their own hands. If they are faithful in carrying out instructions, they soon find the troublesome cough and expectoration disappear.

A few days since a patient taking the treatment at a sanitarium returned to the city for a few days, where, mingling with others in a small house, he could not take the proper treatment, and there was no arrangement for taking fresh air, except by walking, which could not be kept up steadily. The result was the cough returned before the week ended, appetite failed, the energy gained during the month at the sanitarium disappeared. He was glad to return, and more satisfied to remain until cured.

The results obtained by those cared for in their homes are not always satisfactory, but where the patient will not be removed, much can be done to relieve. Watch that the windows in the room occupied be always open from top to bottom, the foul air being carried through the top, whilst fresh air comes in at the bottom. Persuade the patient to sit outside in an easy chair, making him comfortable with blankets, hot bricks, a hot water

bag on his knees so that the hands may be warmed, or against the abdomen to prevent a chill. The room occupied should have no hangings nor carpet, and should be wiped up, not swept; the windows closed only to allow room heated for bathing, changing of bed, etc. This has been said to be impossible in the poor homes, yet it has been tried and carried out successfully.

One case cared for thus last winter was confined to bed. The room, medium size, had one window, which was never closed except for bathing, etc.; he could not stand having the air heated, and the nurse, when sitting in the room, wore her outside wraps. He enjoyed the cold, said he could breathe more easily. He had no cough, seldom night sweats. These were held in check by atropin, gr. 1-150, taken at night. No fever; appetite, though variable and fanciful, was good. He never grew tired of cream, and drank one-half pint daily. It was seldom he required a laxative. He was allowed heroin, gr. 1-4 every four hours, when cough was troublesome, or if sleepless. He lived through winter and spring thus, without pain or much discomfort, but was gradually growing weaker, until the hot days of July, when diarrhœa became incessant. It was then morphine, gr. 1-4, was given to relieve pain and keep diarrhœa in check. He passed away without suffering. Though so long a bed patient, he was always manageable, patient and agreeable, and spent the long days much alone, recognizing the fact that others could not sit by him much with safety. The means used to relieve were blessed by the Great Physician, whom he recognized above all others.

Another patient who had spent months at Gravenhurst Sanitarium, was dismissed "not cured," and through the help of friends was moved from a one-roomed house in the city to a shack out in the country. The family consisted of a young wife and a puny three-months-old baby. They settled there with the determination to take the fresh air cure, and his previous training was put into effect. They were entirely dependent, and friends came readily to help. It was an ideal spot. The little shack was almost hidden from view by the fragrant pines and the slow-leafing oaks, and the nurse wended her way joyfully to this patient. He sat in the clear sunlight day by day, the baby swinging in a hammock near by. The ferns and violets, columbine and goldenrod all came in turn, with the graceful little bluebells nodding over all, making a beautiful garden of nature all the summer. No medicine was needed during this time, nor was there any sadness. It was a happy summer for them. Milk and eggs were partaken of plentifully, and the most appetizing and nutritious soup, made from beans, peas, tomatoes and celery. The quantity and quality of food for these cases require the nurse's careful supervision. Frequent examinations at the clinic showed he was "holding his own," and he spent the time happily, always expecting to get better again.

A hemorrhage came, his cot was drawn close to the door, morphine gr. 1-4 hypodermically twice daily was given, all food taken cold, cough was now troublesome, and heroin gr. 1-4 every four hours taken to relieve it. It was sad to see this favorite patient on the decline, intensely longing for a remedy to cure the dread disease, and looking up to the Father for comfort when needed.

The patient was cheered by the noisy, robust baby always crowing and laughing. Whilst the father was declining, the babe gained and crowed with the pure delight of health.

The autumn came, and preparation was made to stay there for the winter. Friends again supplied the necessary things. The hardships borne by the young wife were never spoken of. The baby, knowing nothing, grew naturally, and was happy all day long. This patient has no pain, nor cough, is depressed only when the atmosphere is damp and heavy; he is likely to go on for some time. The nurse becomes more fond of these chronics, and would spend her life among them, because so much can be done to relieve.

One patient, very much emaciated, came to the clinic, after spending all trying to get a cure. He could not be persuaded to go to the hospital. One's heart was touched deeply by his weakness and irritability, and his intense longing for health. Those caring for him were worn and cross with his fretfulness. The least expression of sympathy would bring the tears to his eyes. He consented to go to the country, and after obtaining a small house in an open field, he began to carry out instructions. His cot was put under a wide-spreading maple. The things he so much needed were supplied regularly, which before were uncertain. The hay-scented air revived him; the quiet soothed him; the blue sky by day and the twinkling stars by night brought to his weary mind the Divine Teacher, and with Him came patience to bear the burden. As the "regimen of fresh air" took hold of him he became happy and contented, and friends wondered at the efficacy of fresh air, without medicine.

And this is our work. Can any be better—to relieve the sick and cheer the weak?

It is ours "Never to tire, never to grow cold, to be patient, sympathetic, tender, to look for the opening heart, to hope always, like God to love always."

CHRISTINA A. MITCHELL.

Toronto, Dec. 31st, 1906.

ACTS react on souls. Good acts make good men; just acts, just men; kind acts, kind men; divine acts, divine men. And there is no other way of becoming good, just, kind, divine.—HENRY DRUMMOND.

LINEN.

The Value of the Exchange System in the Care and the Supply of the Linen for Lakeside Hospital, Cleveland, Ohio.

The Committee on Linen Supplies is composed of eight members of the Lady Board of Managers; chairman with seven associates.

The duties they discharge are: purchase of all linen supplies, including the material for nurses' uniforms; the general oversight of the stock room; receiving new goods purchased; checking bills for same; supervision of the exchange; inspection of the ward linen closets, sewing-room, mending-room and laundry; also rendering valuable assistance in securing donations of money towards the purchase of linen.

For the assistance of those who have not tried the exchange system it might be well to outline briefly the methods in use, which after five years' experience have been found to meet all the requirements.

One of our most practical arrangements is the mending room, which is situated in the laundry. Here all the linen is inspected by the Head Laundress, and all articles that do not permit of repair are laid aside and sent to the exchange room bi-monthly. On the day of the exchange the Principal of the Training School and two or three of the probationers attend at the exchange room and match systematically and carefully each article from the linen supply. Then under supervision of two or three members of the Linen Supply Committee the articles are verified, counted and recorded on forms gotten up for that purpose.

After the exchange has been made, and names cut from the old linen, it is sorted and rolled into neat bundles and sent to the Housekeeper's supply room to be used for cleaning purposes. Part is retained in the store-room, from whence it can be obtained on requisition for the use of the wards.

The new linen is sent from the stock-room to the sewing-room, together with the exchange form, where it is again carefully verified, marked and sent to the laundry for distribution to the different departments.

After the articles are verified with the exchange forms in the sewing-room the forms are sent to the bookkeeper, who, for a small sum, is engaged to do the necessary bookkeeping. By so doing, the books are kept in good order, making it possible to keep careful account of the necessary details and to see exactly the whole outlay for the linen and the distribution of the same.

**We are indebted to Miss Ellis, Principal of the Training School, and Miss Scholfield, the Housekeeper, for this valuable article.*

Estimating roughly, the cost of our linen amounts to about $3,000 per annum, the capacity of the hospital being about 218 beds with a large staff of nurses and resident physicians.

Much care is given to the marking of linen. All the cotton articles are marked with indelible ink made in our own pharmacy. The marking is found to be perfectly clear when the garment is worn out. The linen goods are marked by means of an attachment to the sewing machine. The names are stitched in with red thread, and this plan has proved most satisfactory.

The exchange system reveals the fact that in spite of all the care taken there is a large loss of small articles, principally dusters, wash cloths, towels of all kinds, abdominal binders, T binders, table napkins and children's clothing. Just where this loss takes place we do not know.

This shortage has to be made up by means of requisitions approved and signed by the Superintendent of the hospital. Linen for new departments is also obtained in this way.

In order to obtain uniformity in size and material and because it is quite as economical, we purchase ready-made adult and children's night-gowns, sheets for the wards and officers, size 72 x 99, for operating-rooms, dispensary and children's ward, size 54 x 52, underwear, overalls, pillow slips, and a few other things. The other supplies are manufactured in our own sewing-room, as well as the nurses' uniforms. The sewing-room requisitions for supplies from the stock-room are presented on the exchange day when the materials are issued.

The experience gained by the probationers in assisting with the bi-monthly exchange we regard as valuable from a practical educational standpoint. They not only see the large amount of new linen that is required to keep up the every-day supply of the hospital, but they are given an insight into the system and get a very good idea of the actual cost. It is also an inspiration for them to see the interested efforts of the members of the Linen Supply Committee, who so willingly give to the hospital many hours of their time, their evident pleasure in the performance of the most humble duties connected with their branch of the work, also their practical knowledge of the necessary details.

We now have in our stock-room only the things that have been tested and are found to be the best for the purpose intended, This insight has not been gained without some loss and much consideration both by the Linen Supply Committee and the Principal of the Training School.

In estimating the linen supply for any Hospital we must always take into consideration the general plan of our laundry, as that has a great deal to do with the amount needed. In connection with the laundry we have to consider first of all its general plan, its ability to turn out linen promptly, if it does general washing every day or if it washes daily only certain articles, or perhaps blankets and all woolen goods once a week. We have to

take into consideration the fact that as a rule laundry help work only one half day on Saturdays, also that the laundry is closed on Sundays and all public holidays.

At Lakeside Hospital the Head Nurses order their linen supply daily, the surplus linen is sent to the Central Linen Supply room, and emergency orders are filled there if necessary.

In order to prevent the staining of our good linen in caring for cases of skin disease, the Committee has provided what we call "Dermatitis Linen." This supply is kept in the Laundry and is issued to any ward that requisitions for it.

A brief outline of the statistical report of the Linen Supply Committee for one year may be of interest and value:

Number of articles exchanged, 6,725.

Number of articles by requisition, 834; total, 7,559.

Number of exchange days during the year, 24.

Average number of articles each exchange day, 315.

Total number of yards of goods issued during the year, 11,028¾.

Number of yards issued each exchange day, 460.

Number of articles made during the year in the sewing room, 2,488.

THE TRAINED NURSE, AND HER INFLUENCE IN THE COMMUNITY.*

In the first place allow me to express my appreciation of the honor you have conferred upon me in selecting me to address you on this occasion. I have been closely associated with the Western Hospital Training School for Nurses ever since its inception, and have watched with considerable pride the course of its graduates, many of whom are now occupying enviable positions of trust and responsibility in Canadian and American hospitals. It was largely, I believe, through my influence, while President of the Toronto Medical Society, that its doors were thrown freely open to the lady practitioners of this city. There always has been, and still is, some doubt in the minds of many as to the advisability of the fair sex entering the medical profession. Not so with the nursing profession, here the field is practically all your own, and who does not welcome the trained nurse into the home in time of sickness or suffering? Many more failures would follow the efforts of the physician and surgeon were it not for the skilled co-operation of the nurse whose timely aid frequently makes all the difference between success and failure, between life and death.

In the limited time at my disposal to-night I shall only be able

*An address delivered at a recent meeting of the Alumnæ Association, The Western Hospital, Toronto.

to outline briefly some of the ways in which you may influence for good the community in which you reside. The details I shall leave you to work out at your leisure.

One of the most pressing duties and one of the most exacting aims of the nurse as well as of the family physician should be the reduction of the mortality caused by a wrong or a tardy diagnosis of the commoner grave diseases which are frequently met with. We all know that in any emergency, or sudden illness, if a trained nurse is convenient her advice is sought even before the doctor is sent for. How very important it is that her knowledge should be equal to the occasion. And with a very little careful study it may be so. Take, for example, a patient with an intense, sudden, tearing, rending abdominal pain, often severe enough to produce collapse, and usually associated with sharp vomiting. That condition is common to a comparatively small class of cases. These are:

1. Ruptured ectopic pregnancy.
2. Ruptured pyosalpinx.
3. Rupture of appendiceal abscess into the general peritoneal cavity.
4. Rupture of gastric ulcer.
5. Rupture of duodenal ulcer.
6. Rupture of gall bladder.

Note that all these are ruptures of important organs, permitting the escape of irritating fluids into a healthy peritoneal cavity. You can plainly see that in such a case nothing short of surgical aid will avail. Advise sending for a surgeon at once. Do not give a hypodermic of morphia and thus so mask the symptoms that the surgeon cannot make an accurate diagnosis. Morphia should never be given until the diagnosis is made and the plan of treatment decided upon. I think it would be well if every nurse had the leading symptoms of some of these commoner diseases written out in her notebook and then committed to memory.

Now, ladies, this brings me to the most important part of my address. Should you act upon the suggestions about to be given, your influence for good will be felt in your community. You will be a great blessing to womankind, and you will be the means of saving many a life.

Many years of clinical experience has taught us that cancer of the uterus, especially of the cervix, is the most frequent as well as the most fatal form of malignant diseases to which womankind is exposed. The reason of this is that the diagnosis is not usually made until the disease is so far advanced and surgery is resorted to, with the result that many recurrences occur. Examples of both of these conditions some of you have seen with me over and over again during your course. This is not as it should be. Ninety per cent. of those who die annually of this dread disease could be saved by very early diagnosis and operation, and it is just here you must

use your influence in educating the people in the early diagnosis of this fatal malady. Cancer is on the increase, and Park's well-known statement may, with advantage, be quoted here: "If the same death rate is maintained for the next ten years, the State of New York will have more deaths from cancer than from tuberculosis, smallpox and typhoid fever combined." I will again quote a few questions and answers from a paper written by Dr. Dührssen, of Berlin.

Q. Why, out of 25,000 patients with cancer of the uterus, do 23,000 or 24,000 die every year in the German Empire?

A. Because these thousands come too late to the doctor.

Q. How can these thousands be saved in the future?

A. By coming to the surgeon while the cancer is still confined to the uterus. Under these circumstances it can be cured with certainty by an operation almost free from danger.

Q. What is the duty of the general practitioner towards cancer of the uterus?

A. The general practitioner should regard as cancer every case, of whatever age, that comes to him complaining of discharge or bleeding until an immediate examination (during the bleeding if necessary), proves with certainty that no cancer exists. And what is true of the German Empire is approximately true of other countries.

Now the question is: What part can you take—what part are you willing to take in this crusade against cancer of the uterus? I claim that it is your duty to assist the medical profession in educating the people on the following points:

1. That every midwifery patient should go to her doctor six or eight weeks after delivery to ascertain her exact condition, and if a laceration of the cervix exists have it repaired.

2. That cancer of the cervix is essentially a disease of married women. Pregnancy and the trauma of labor play an important part in the after production of cancer. The speaker makes it a rule to ask all his obstetric patients to come to his office six or eight weeks after delivery that he may determine the exact position and condition of the uterus.

3. That every kind of discharge or bleeding, be it severe menstrual bleeding, bleeding not connected with menstruation, or bleeding in the menopause, may be the first indication of cancer of the uterus.

4. That cancer of the uterus always leads, if untreated, or if treated by non-operative methods, to a painful illness and a dreadful death.

5. That cancer of the uterus can be permanently cured by early operation, and with almost no danger to life.

6. That patients must never waste valuable time in trying Viavi or orange blossom, or by consulting a midwife, quack, faith healer or Christian Scientist.

Never mind if you do frighten the people, you cannot help

that, the scare is easier cured than the cancer, just remember the awful condition of some of these poor women who come to our clinic with their chances for life almost gone. Medical practitioners, medical students and trained nurses should have it impressed upon them that women should be made to understand:

1. That cancer of the uterus is prone to occur between the ages of thirty-five and fifty-five. It may in exceptional cases come earlier or later.

2. That it is a local growth at first, and curable in its early stages.

3. That irregular and unusual uterine bleeding at any time of life, but more especially between the ages of thirty-five and fifty-five, is a symptom requiring investigation.

4. That the return of the flow, after the establishment of the menopause, is one of the gravest of symptoms.

5. That leucorrhoea is a symptom of diseased condition requiring investigation, but too frequently neglected.

6. That change of life means cessation of menstruation, and that increased flow at a time when menstruation is expected to cease is a danger signal.

7. That pain is a symptom that appears late and should not be expected or looked for as a sign of cancer in the early stages.

The day before yesterday I saw, in consultation with Dr. J. S. Hart, a lady sixty-five years old. She had only called in her physician a few hours before I saw her, on account of a rather severe hemorrhage. She gave a history of having passed the change of life fifteen years ago. Had enjoyed good health and looked strong and vigorous when I saw her. She said that for the last seven or eight weeks she had been having a slight watery discharge, on one or two occasions there was a tinge of blood with it. No pain, and not confined to bed till she sent for the doctor. She did not consider herself ill, although she had not been feeling just as well as usual for some months. On examination we found the cervix uteri almost all eaten away by cancer, and the disease already extending onto the vaginal walls. It was too far gone for radical operation, all that can be done is to palliate and relieve. No doubt there are thousands of such sad discoveries made every year in our own country.

The four symptoms that stand out prominently in cancer of the uterus are:

1. Hemorrhage.

2. Discharge (leucorrheal or watery, and these may precede the hemorrhage).

3. Pain.

4. General constitutional symptoms.

I believe the time is coming when the daily press will come to our aid in educating the public on this subject. The public press is ever ready to publish every new cure that comes out for cancer, and so far these have mostly been useless. Would it not be better

to publish the earliest symptoms of cancer, so that the disease might be removed while permanent cure is still possible. It might also save many women from wasting valuable time in quackery, and only coming to the physician when their chances of a radical cure had almost, if not quite, reached the vanishing point.

When the diagnosis of cancer is made there should be no uncertain sound in the warning voice. The facts should be boldly and plainly stated. Even though the information imparted seems cruel in its frankness, valuable time must not be wasted, a valuable life must not be lost; but if a life is to be lost, let it be the patient's suicide and not a moral murder by those who should know better. May you never have the burden on your conscience of allowing a sufferer from uterine cancer to go unwarned or unexamined until the odor from the breaking down tissues takes voice and cries in vain to the highest heavens for help against the deadly enemy that is gnawing away at the vitals of God's grandest handiwork—Woman.

S. M. Hay, M.D.

184 Spadina Avenue, Toronto.

In a letter from Miss Mayou, dated December 10th, she says: "St. Anthony is the most extensive of Dr. Grenfell's Labrador Mission Stations, and is doing a great deal towards the uplifting and educating of the people. It really is wonderful what he has done, and caused Government and authorities to do, for this part of Newfoundland and the 2,000 miles of Labrador coast over which he has jurisdiction as J.P., lay reader and medical attendant. Previous to his coming, fifteen years ago, the settlers and summer fishermen were totally neglected, no thought being given to their mental, moral or spiritual welfare. Dr. Grenfell has changed much of that and awakened the authorities to a sense of their needs. Very few of those who are above 20 years of age can either read or write, and many under that age cannot. No school teachers were sent or thought of, and now one comes to each settlement for only seven months every second or third year, so the people are very ignorant, but anxious to learn. Consequently our work here is largely educational. We devote our spare time to teaching, and have begun classes for Bible study, sewing for women, another for girls, weaving, spinning, basket-making, singing, drawing, carpentering, gymnastics and ordinary night school on three evenings of the week. There are two patients here with beri-beri, to whom I give massage and electricity; they are improving fast. We have nine patients in all, seven men and two women. There are ten orphans whom I help Miss Storr to look after and train, so you see my work is varied."

Governor Fraser, of Nova Scotia, opened the Pictou Cottage Hospital, December 6th. A number of people were present from the town and surrounding country and many donations were made to the Hospital. The building will accommodate twelve patients and is entirely free of debt. Miss Beatrice Pearce, a graduate of Victoria General Hospital, London, Ont., is in charge, with Miss Kayenberg as assistant.

DEEP SEA MISSION HOSPITAL, BATTLE HARBOUR, LABRADOR.

W. F. Luxton, founder of the *Winnipeg Free Press,* and Inspector of Public Institutions for Manitoba, speaks thus of the Victorian Hospital at Swan River, Man.: "It is simply perfect. Clean and orderly in spite of the fact that while the normal accommodation is ten patients there are to-day fifteen on the roll. You have an institution of which you may justly be proud, and it is managed by a matron whom in my opinion it would be difficult to replace." Mrs. Mounsey, a graduate of Toronto General Hospital, is in charge here.

HARRINGTON, CANADIAN LABRADOR.
Taken from SS. *Strathcona* at Anchor.

Hamilton and Vancouver Districts have each increased their staff to three nurses. The city of Vancouver has appointed Miss Cruikshank Head Nurse of the Vancouver District, Executive Secretary for the Helping Hand Associated Charities. She investigates all cases sent in and distributes clothing and food when necessary.

Miss Annie G. Smith, formerly Matron of Regina Hospital, was married, December 17th, to Mr. Cecil Smith, C.E., of Regina, Miss Chalmers, formerly Head Nurse, has been appointed to Miss Smith's position, and Miss Travers, graduate of Memorial Hospital, Worcester, Mass., leaves in a few days to fill the position of Head Nurse.

The May Court Club, of Ottawa, gave a tea and Christmas tree to a number of children, Christmas afternoon. A large percentage of the children had been patients of the nurses in the district. The nurses were asked to assist and enjoyed it quite as much as the children.

HARRINGTON HOSPITAL, CANADIAN LABRADOR.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL—St. John Evangelist, third Tuesday, 8.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.
OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.
TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

As Christmas week is always such a busy time, and so many of the nurses are away for the holidays, it was decided to follow the plan begun last year and have the Guild meeting in the beginning of January instead of on the last Friday in December. The meeting was unfortunately small in numbers, but very enjoyable. We were very pleased to have with us a visitor, Miss Pemberton, from Windsor, N.S., who was staying for a few days in Toronto. While in Montreal she saw in THE CANADIAN NURSE a notice of our meeting, and was able to time her visit so as to attend our meeting.

Montreal Branch has made some additions to the list of meetings, which should be of great help to the members. The list is now as follows: 1st Tuesday, Holy Communion at M. G. H., 6.15 a.m. 2nd Tuesday, Guild service and social meeting alternately, 4 p.m. 3rd Tuesday, Guild service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R. V. H., 6.15 a.m.

The next meeting of the Council of the Canadian District is to be held on Thursday, January 24th, at 4 p.m., in Montreal.

A most interesting account of the 30th annual meeting, held in London in June, is to be found in the July number of *Misericordia*, the Guild paper. It includes, among other addresses, one by the Lord Bishop of Zanzibar on the work of the Guild in his diocese. How being a member of the Guild keeps us in touch with members of our profession in all parts of the world!

The General Secretary, Miss Wood, has reached Cape Town (see *Misericordia* for December). She hopes to visit Canada in the spring.

My Scallop-Shell of Quiet

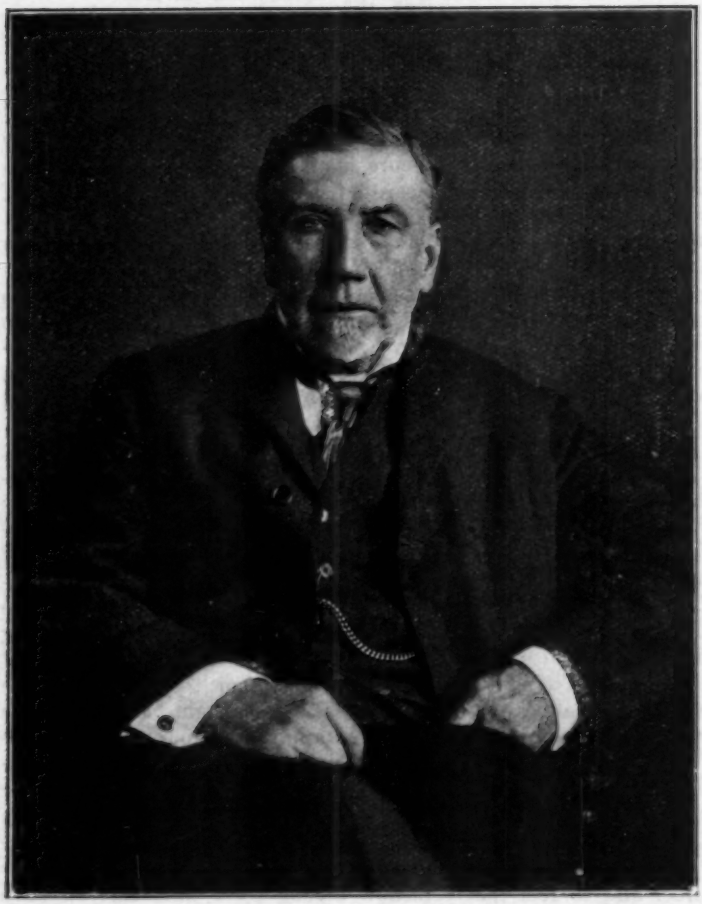
GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

NOT STRANGERS.—Let us not forget, however, that the angels know each saint on earth more intimately than the saints themselves are known by their nearest friends. . . . But this fact suggests another analogy between our social relationships with men and angels—namely, that as early friends, who have been acquainted with ourselves and our family history during the forgotten days of infancy, are met by us, in after years, not as strangers, but with feelings of intimacy and sympathy akin to those awakened by old kindred; even so will the saint, on reaching heaven, find God's angels to be, not strangers, but old friends, who have known all about him from the day of his birth until the hour of his death.—DR. NORMAN MACLEOD.

THOU HAST LOVED RIGHTEOUSNESS AND HATED INIQUITY.—A hundred times in India have I said to myself, Oh! that to every Englishman in this country, as he ends his work, might be truthfully applied the phrase, "Thou hast loved righteousness and hated iniquity." No man has, I believe, ever served India faithfully of whom that could not be said. All other triumphs are tinsel and sham. Perhaps there are few of us who make anything but a poor approximation to that ideal. But let it be our ideal all the same. To fight for the right, to abhor the imperfect, the unjust, or the mean, to swerve neither to the right hand nor to the left, to care nothing for flattery or applause or odium or abuse—it is so easy to have any of these in India—never to let your enthusiasm be soured or your courage grow dim, but to remember that the Almighty has placed your hand on the greatest of His ploughs, in whose furrow the nations of the future are germinating and taking shape, to drive the blade a little forward in your time, and to feel that somehow among these millions you have left a little justice or happiness or prosperity, a sense of manliness or moral dignity, a spring of patriotism, a dawn of intellectual enlightenment, or a stirring of duty, where it did not before exist—that is enough, that is the Englishman's justification in India. It is good enough for his watchword while he is here, for his epitaph when he is gone. I have worked for no other aim. Let India be my judge.—LORD CURZON, *Viceroy of India. From a speech at a farewell dinner in Bombay.*



MR. J. ROSS ROBERTSON, TORONTO.

The Canadian Nurse

VOL. III. TORONTO, FEBRUARY, 1907. NO. 2

Editorial.

THE EDITORIAL BOARD.

With the present issue the Publication Committee passes over to the new Editorial Board, in which it is now merged, the management of THE CANADIAN NURSE, a monthly journal for the nursing profession in Canada, free of debt and firmly established in the confidence and affection of the profession, as many letters now in our possession prove. It has been the aim of the founders of this magazine to make the Editorial Board truly representative of our subscribers (more representatives being named in places where there are most subscribers), of every nursing organization, and of every province of the Dominion of Canada and of Newfoundland. Should any such have been inadvertently omitted, it will be considered a great favor if the President of the Editorial Board is at once notified of the fact. Regular meetings of the Editorial Board will be held in future on the last day of each month (or the day before if the last day is Sunday). Special meetings may be held at the request of two members to the President. It is intended that THE CANADIAN NURSE for the following month shall be published not later than the 25th of each preceding month, so that it may start early on its long journey to subscribers in Yukon and Labrador and in all the land between. It is, therefore, specially requested that all matter intended for publication in the next number of the magazine shall be in the hands of the Editor, Dr. Helen MacMurchy, in time for the meeting of the Editorial Board. For example, anything intended for our April number should be received by the Editor not later than February 28th, as it has to go into the printer's hands on March 1st.

The magnificent distances of our country are its glory. But on account of these magnificent distances many members of the Editorial Board cannot often be present at meetings in any one place. It is hoped, however, that by correspondence and otherwise they may effectively take their share in the management of the magazine. We hope in future, through the members of the

Editorial Board, to receive information of all events of interest in the Canadian nursing world, whether in hospitals, training schools, associations, or in private nursing. It is also requested that news of any important event, such as the opening of new hospitals, or new departments of hospitals, or of new nurses' organizations, may be at once reported to us by the member of the Editorial Board in whose district it occurs. While the bulk of the material to be published must be received on the last day of the month, we shall expect to receive notice of any important events as soon as possible after they occur, so that our news may be really new. Please send to us at once a marked copy of any newspaper containing news of interest to nurses.

It is, of course, understood that the different nursing organizations represented on the Editorial Board may, if they so desire, elect a new representative to the Board every year.

Seven people go to make the good magazine: The writer, the reader, the subscriber, the advertiser, the printer, the business manager, and the editor. Canadian nurses have, in many ways, been good enough to express their satisfaction with the work of the last three. It only remains for them to send us, first of all, subscribers. We need more subscribers. Second, good *practical* writing by and for nurses. Always secure for THE CANADIAN NURSE the best papers and lectures given before your association or club. Third, advertisers. Send us the names of the best advertisers in your city or town. We need advertisers all over Canada, and we will get them, because THE CANADIAN NURSE is taking its place as one of the best mediums for advertising in Canada.

THE HEAD NURSE.

We have great pleasure in announcing for immediate publication in THE CANADIAN NURSE a most important series of articles on "The Head Nurse," by Miss Charlotte A. Aikens, Assistant Editor of the *National Hospital Record*, and Superintendent of one of the Pittsburg hospitals. Miss Aikens is a Canadian, and is at present spending a short time at her old home. The first article appears in this number, and the others will appear at regular intervals as follows: "The Head Nurse and the Patients, Hospital Discipline and Ethics" (two chapters), "Ward Housekeeping," "Preparation of Orders, Reports and Charts," "The Head Nurse as a Teacher," "The Chief Surgical Nurse," "The Night Supervisor." All those interested in hospital and nursing work, both graduate and undergraduate nurses, will find this series both helpful and inspiring.

MR. JOHN ROSS ROBERTSON, OF TORONTO.

Nurses have a great and kind friend in John Ross Robertson, the proprietor of *The Evening Telegram*, whose portrait we have much pleasure in presenting to our readers this month. His benefactions to the Children's Hospital must be nearly half a million in money, and in time, in interest, in initiative, in motive power, are unmeasured. His own request is that nothing be said about all this, and our readers may well thank us for the portrait, for it was with much difficulty and expostulation, that permission was at length obtained that they should have it. Mr. Robertson will leave the world better than he found it. His example has done good, and he has helped to save suffering, to lengthen life, and to restore health for many children. In these things is great reward.

THE NURSING CONFERENCE AND EXHIBITION.

By far the most important event in the year 1906 in the nursing world was the Nursing Conference and Exhibition held in St. George's Hall, London, November 22-24, by the National Council of Nurses. It was a great and unqualified success, and the profession owe very much to Miss Helen Todd, Miss L tchwell, Miss Mollett, Mrs. Fenwick, Miss Breay, Miss Barton, and others, who bore a large share of the work and responsibility, as well as to Dr. Griffith, Dr. Gow, Dr. Shuttleworth, and other distinguished members of the medical profession, who by their valuable papers, their interest and their good-will, added so mu h to the success of the Conference. The Exhibition itself was remarkable, the great British firms being well represented, and a special section being devoted to contrivances and inventions by nurses. This department deserves to be well worked up. We fancy there are few hospitals in the world where the superintendent or some nurse has not made valuable improvements in hospital appliances or invented new ones. At least, the writer can bear testimony that this is the case with the hospitals in the five large cities which she knows best. There were other stalls, too numerous to mention, but one more must have place here, that for nursing journals, where THE CANADIAN NURSE appeared among her older sisters.

The three Conferences were arranged as follows: On the care of the consumptive; on maternity nursing; on mental nursing. The reports of these, occupying as they do the major part of two numbers of the *British Journal of Nursing*, are of such great value that we only wish it were possible to reproduce them for the benefit of our readers. The social side of the meeting was delightful. Nothing but the Atlantic Ocean could have kept us away from this inspiring and instructive meeting!

THE NURSES' PARADISE.

We do not wonder that the nurses of the Children's Hospital in Toronto are said to have changed the name of their new abode from "The Nurses' Residence" to "The Nurses' Paradise." It is all that one could wish. We say this after spending hours in inspecting it carefully, on two different occasions, and with all the plans and details before us. Approaching it from the north, we passed the nurses' skating rink (a tennis court in summer), and looked up at the roof garden, which will be such a charming retreat when summer comes again. Entering the building, one is filled with pleasure and satisfaction at every step. The description in our Official Department, prepared by experts, will be found deeply interesting reading, and will be of the greatest value for reference. We can hardly speak of one room or part of the building without mentioning all, so perfectly adapted is it to its purpose, and beautiful and artistic withal. Mr. Robertson is a father to the hospital, and all connected with it. He is not only "Santa Claus," but "Fairy Godmother" as well, and it is an open secret that the artistic and beautiful effects in the decoration and details of the residence are owing in large measure to the personal interest of Mr. Robertson's wife, the present Mrs. John Ross Robertson. The vista from the dining-room, the reading-rooms and libraries, the bedrooms and reception-rooms, the kitchens and trunk-rooms, the maids' parlor, the swimming bath—everything, once seen, will not be forgotten, so pleasing are they all, and so perfect. Mr. Robertson has built this noble residence as a memorial to his late wife, the first Mrs. John Ross Robertson, whose untimely death deprived Canada of one of the kindest, most noble-minded and public-spirited of her daughters. To all those who still remember her (and they are many, both in Toronto and elsewhere), this memorial will be a source of affectionate satisfaction. To her and to her husband, John Ross Robertson, this residence, and the hospital with which it is connected, will ever remain *"Monumentum aere perennius."*

THE PERMANENT ARMY MEDICAL CORPS.

The Department of Militia and Defence of Canada are authorized to grant commissions to twenty-five Nursing Sisters in the A.M.C., to be employed when necessary. There are at present seventeen. Two of the most recent appointments are to the Halifax Garrison Hospital—Miss Georgina Pope, Royal Red Cross, appointed in August, 1906, and Miss Margaret McDonald, appointed in November, 1906. These two sisters both served in South Africa with distinction, and are entitled to the rank, pay and allowances of a Lieutenant.

OPSONIC TREATMENT.

We hope to publish shortly two articles on this great subject, one a lecture to the Montreal General Hospital Graduate Nurses' Club, by Dr. von Eberts. the Director of the Opsonic Laboratory at the Montreal General Hospital, and the other by Dr. G. W. Ross, jun., of Toronto, who has been associated with Sir Almroth E. Wright in London in his epoch-making work, and who has greatly distingiushed himself there. Dr. Ross has been for the past three months at the Rockefeller Institute in New York, and is at present at the Laboratories of the Medical Department of Harvard University, giving instruction in this subject. The editors greatly appreciate the fact that his interest in Canadian nurses has induced him to consent to their earnest request for this article, when his time is already so fully occupied.

THE PRINCESS LOUISE AND THE QUEEN'S NURSES.

On the last Saturday of September, the Princess Louise, Duchess of Argyle, accompanied by the Duke of Argyle, Lord and Lady Derby, the Lord Mayor of Liverpool and the Lady Mayoress, paid a visit to the Queen Victoria District Nursing Association House at Liverpool, where she was received by the Board, the Lady Superintendent, and the matrons of the five Liverpool Q.V.J.I. Homes, and the fifty-five nurses in uniform. Her Royal Highness said: "I belong myself to the Scottish and also to the Kensington branch of this Association, and so I feel quite at home among you. I watch with interest all your work, and must say your report to-day shows that you have done more work than I anticipated. I hope you will continue in the same way." Her Royal Highness then took tea and afterwards made a tour of the Institution. Before taking leave the Princess signed her name in the Visitors' Book and expressed her approval of the home and great pleasure in her visit. Thus ended a pleasant and memorable visit, the Royal party being enthusiastically cheered as they passed through the crowded streets going and returning. It seems that Liverpool claims the honor of being the pioneer in District Nursing and that no poor patient in any part of the city need be without gratuitous skilled nursing. The nurses last year attended over 8,000 patients and paid nearly 58,000 visits to school cases.

Editorial Notes.

The Colonial Nursing Association.—This valuable organization, which was founded by Lady Piggott, with the assistance and cordial support of Mr. Joseph Chamberlain, then Colonial Secretary, has just issued its Tenth Annual Report. It began with 6 nurses in 1897, and it has now 305, of whom 215 are in Government, and 90 in private employment. It is a great organization and has nurses employed by the British South Africa Company, and the Rhodesia Company, as well as in Malaga, Cyprus, Serembang, Bankok, Kaudy, Terak, Oporto and Venice. It is an honor to its founders and to the Empire.

Canada: Dr. J. H. Fitzgerald (Univ. Tor.), who has recently returned from post-graduate work in pathology and psychiatry in the Johns Hopkins, and elsewhere, has been appointed Clinical Director and Pathologist at the Toronto Hospital for the Insane. We congratulate Dr. C. K. Clarke on this step in advance, which is only another instance of his enlightened and progressive management of the hospital, and will certainly increase the value of the nurses' training there.

Great Britain: Miss Keer, Matron-in-Chief Q. A. I. M N. S. and her staff, have just taken possession of their beautiful rooms in the new War Office.——Lord and Lady Aberdeen have shown their interest in nursing by attending the meeting of the Irish Nurses' Association at Dublin, and visiting the Jubilee Nurses' Home at Armagh.——Mr. Athelstan Rendall, M.P., who asked the celebrated question in the House of Commons about army nurses and dancing, writes thus in *The Hospital*, "We treat men as men. It is quite time that we treated women as women."——The London County Council is about to appoint a Superintendent of Nurses in the Education Branch of the Public Health Department, at a salary of £200 a year, increasing in seven years to a maximum of £300, together with actual travelling expenses."——The Whitechapel Nurses' Home at 61 Philpot Street, Whitechapel, is the centre of a great work that Jewish nurses are doing in the East End of London.

India: A great gift, consisting of a lakh of rupees (£6,666) was made by the Pulkian Chiefs to the Prince and Princess of Wales in commemoration of their visit to India. Their Royal Highnesses are giving half of this magnificent sum to found a Girls' School at Lahore, and the other half to Lady Minto's

Endowment Fund for the Indian Nursing Association.——The Council of the Roman Catholic Mission to the Women and Children of India is about to found a hospital at Rawal-Pindi, Punjab, India, in which the medical staff will all be fully qualified English medical women, and the nurses high-caste Indian ladies.

Germany: The Germans are improving their methods of organization and training in the Army Nursing Department, assisted by the Patriotic Women's Union and other societies.

Holland: The Secretary of the Nurses' Association of the Netherlands has issued an announcement of a two years' preparatory course for those who desire to become trained nurses. It is a most interesting course, and, added to a three years' hospital training, would seem to be the most complete hospital nurses' course in the world.

United States: That fine old pioneer hospital, Bellevue, in New York, keeps up with the times. It has just appointed a "field nurse," whose entire time and care is to be given to patients about to be discharged. We all know how often these, without work, money, or home, need a friend. Bravo for Bellevue!

The Contributors' Club.

NURSING METHODS AND APPLIANCES.

At a demonstration given to the Montreal General Hospital Graduate Nurses' Club on January 9th, in the amphitheatre of the hospital, the programme was as follows:

I. Preparation for an operation in a private house.
II. Cap, eczema mask and restraint jacket.
III. Restraint jacket for a child in bed.
IV. Foot-bath in bed.

Full explanatory notes as to the work done and the appliances shown would make too long a paper, so the preparation for an operation in a private house will be left for another number.

II. Cap, Eczema Mask and Restraint Jacket.

Cap.—This is a copy (very slightly modified), of those used at the Post Graduate Hospital, New York City, and was originally designed by one of the nurses of the P. G. H. Training School. It consists of a piece of gauze, from 24 to 30 inches in

length, by 30 to 36 inches wide. Double this gauze lengthwise, bringing one edge to within 4 or 5 inches of the other, then turn back the single piece over the doubled gauze, pull a thread at the double (front) edge of this last fold in order to make the cap fit round the face. The corners of the lower piece of gauze are to be tied under the chin, and the corners of the upper fold tied at the back of the neck, securing under them the folds which form the back of the cap.

Eczema Mask.—This cap will be found useful to keep in place head dressings on babies and small children, as well as in cases of eczema, in combination with an ordinary mask of lint or old linen. An illustrated description of this cap will be found in the *American Journal of Nursing* for November, 1903.

Restraint Jacket.—This jacket is used with the cap and mask in eczema cases, or in any case where it is desirable to prevent a child touching the face or head. A short jacket of any material, rather tight fitting, with plainly made sleeves, and buttoned in the back, has a long narrow pocket stitched on the outside of the under part of each sleeve, extending from the lower edge of the sleeve well past the elbow. Into these pockets strips of wood or very heavy cardboard are to be slipped. In place of a jacket a nightgown or long-sleeved pinafore might be used.

III. Restraint Jacket for a Child.

This jacket consists of a long, plain, sleeveless waist, buttoned behind with flat buttons. To the under arm seams are attached on either side broad bands about three-quarters of a yard in length, extending from end to end of the seam to which they are attached. The whole jacket may be made of canton flannel, flannelette, or unbleached cotton; the bands should be of double material, firm and strong. When the jacket is put on a child these bands are pinned to the *under* part of the mattress, one on either side of the bed, with strong safety pins. By this means a child may be kept from sitting up or turning over. It is especially useful when children are coming out of ether.

By making pleats with safety pins (after the manner of an abdominal binder), the jacket may be made to fit children of different sizes.

IV. Foot-bath in Bed.

(Required: Blanket, foot-bath, bath thermometer, mustard, bowl, spoon, pillow, bandage, towel.) Loosen the clothes at the foot of the bed and slip in a doubled blanket under the feet of the patient, having the fold of the blanket towards the foot of the bed. Fold back the clothes as far as the knees of the patient, lift up the feet and draw up one fold of the blanket over the patient's feet and legs. Put under the knees a pillow which has been folded in the middle and tied together with a bandage at each end. Draw the under fold of the blanket well up over this

pillow. If you have anyone to help you put the water in the bath (temperature 110 deg. F., or as ordered), and if mustard is to be used, add it mixed to a thin paste with cold water. Lift the patient's feet while the bath is slipped in between the blankets, then lower them into the water. If you are alone, the bath may be placed at one edge of the bed with a very little water in it and then drawn into place with one hand, while the feet are lifted with the other; you can then add the remainder of the water. Draw the blanket well up over the patient's knees and turn up both folds of blanket in an angle at either side of the bath; by this means the blanket is kept tightly around the bath and prevented from slipping. Now fold down the bed-clothes and leave the feet soaking from 15 to 20 minutes. Slip out the bath and dry the feet with a warm towel, leaving them wrapped in the blanket. If other means are lacking, the towel may be slightly warmed by being placed next the bath.

F. Madeline Shaw.

Correspondence.

Toronto, Dec. 28, '06.

Editor of Canadian Nurse:

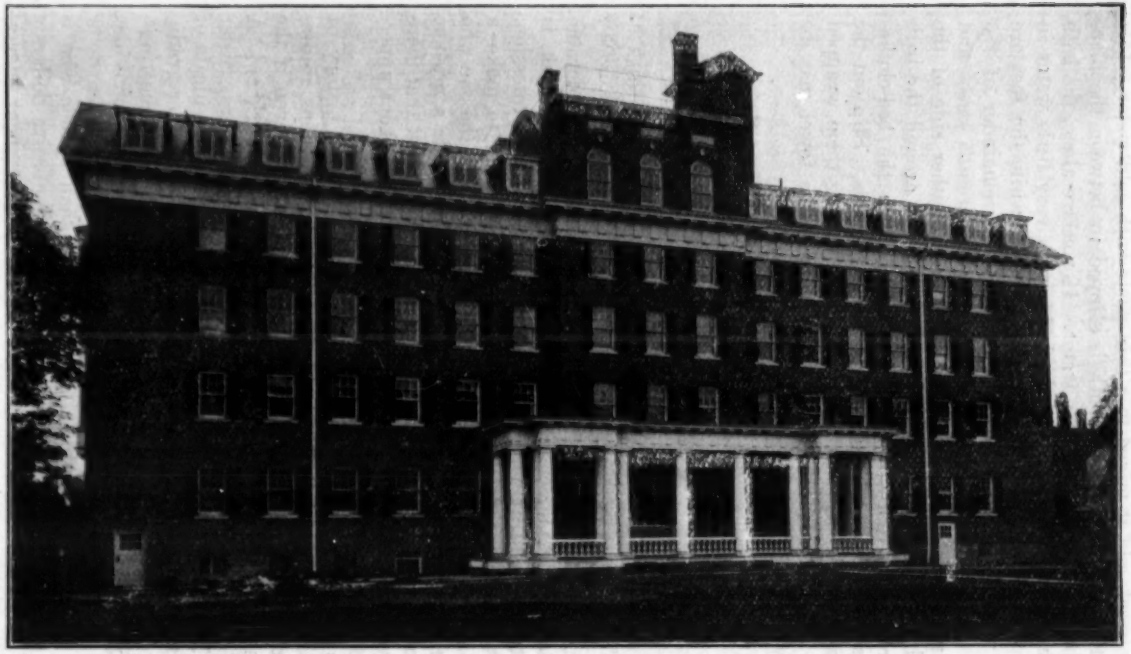
Dear Madam,—For a long time there has been considerable talk about the "mercenary" spirit of nurses. This, I think, is a great fault, and, if not checked, will do harm to our profession. The nurse who needs the money she earns in order to make a living is the one who is needed in the profession, but the one who has "money" first and last in her thoughts has made a mistake in choosing nursing. True nursing requires all the best that there is in womanhood, and high ideals must be constantly kept uppermost.

To remedy this evil, would not a course in the history of nursing help materially? Each of the other professions studies the history of that profession, so why should not we, even if the "trained nurse" is a recent addition to the world's workers? A study of the lives of Florence Nightingale, Sister Dora, Sister Alice Fisher and others would surely tend to raise the ideals of the student nurse above the merely mercenary. And after graduation, faithful attendance at alumnæ and other nurses' meetings, with participation therein, will give the private nurse some idea of her responsibilities, and of the benefit it is to the patient to be cared for by a broad-minded woman rather than by one who is counting her days and weeks at eighteen or twenty-five dollars a week. Hoping that others may discuss this question or suggest a remedy, I remain,

Yours most sincerely,

Lucy Bowerman,

President T. G. H. A. A.



THE NEW RESIDENCE FOR NURSES OF THE HOSPITAL FOR SICK CHILDREN, ERECTED, FURNISHED AND PRESENTED TO THE HOSPITAL BY MR. J. ROSS ROBERTSON.

Official Department.

A RESIDENCE FOR NURSES.—DESCRIPTION OF THE NEW BUILDING ERECTED IN 1906 FOR THE NURSES OF THE HOSPITAL FOR SICK CHILDREN, TORONTO.

The residence for nurses, erected, furnished, equipped and presented to the Hospital for Sick Children by Mr. J. Ross Robertson, the Chairman of the Board of Trustees, is situated at the south side of the Hospital property on College street, about 300 feet south of the main building, and extends across the ground between LaPlante avenue on the east and Elizabeth street on the west. The cost was about $130,000, exclusive of the ground, which belonged to the Trust and is valued at $25,000.

The building is erected to the memory of Maria Louisa Gillbee, first wife of Mr. Robertson, who died in 1886, and is to be known as "The Maria Louisa Robertson Residence for Nurses." The corner stone was laid 7th October, 1905, by John Sinclair Robertson, her eldest son, in the presence of Irving Earle Robertson, her second and youngest son, and J. Ross Robertson. There were also present: Messrs. G. J. Bennett, Dr. A. C. Bennett, Goldwin Smith, Hon. G. A. Cox, trustee; Miss Brent, Lady Superintendent; Miss Potts, Assistant Superintendent; Drs. Walter Wright, Black, Spohn and Strathy, resident staff; S. G. Curry, architect; Douglas Davidson, Secretary-Treasurer; John Flett, trustee; Charles Cockshutt, trustee; Dr. Bruce Smith, Inspector of Hospitals for Ontario Government; Mrs. J. Ross Robertson and Miss Elizabeth Kerr, Assistant Secretary.

The construction period covered from September, 1905, until January, 1907.

The building has a frontage of 150 feet by a depth of 44 feet, with a portico 50 x 20 and private roadway of 50 feet on its north side and 50 feet of ground for light and air on its south side.

It is built of red brick, in the colonial style of architecture, and is five storeys in height, exclusive of the basement.

The exterior presents a handome appearance, with its broad portico. The main door or entrance is at the west end of the portico. There are also three large French casement windows, which open out to the portico from the reception-room.

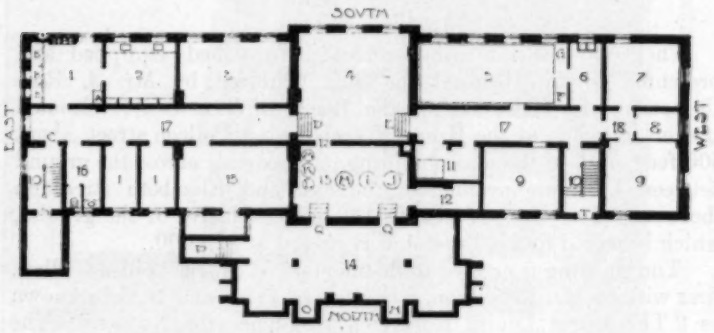
The building is commodious and ample for the requirements of the hospital for the next twenty years.

A prominent hospital authority from the United States, where it is claimed they have the most modern of residences for nurses, states that "there is no other residence for nurses in the world that approaches this one in its design, exterior and interior, or in its plan of the rooms necessary for the work of training nurses."

Another authority says "its equipment and furnishing is absolutely perfect. It possesses features to be found in no other such building."

The Basement.

The basement, which runs from east to west the entire length of the building, has a twelve-foot ceiling throughout.



BASEMENT PLAN.

Next to this entrance is the domestics' lavatory (16), 8 x 14, then two storerooms (1), each 8 x 14, and domestics' dining and sitting-room (15), 25 x 14. Further along this north side and across the demonstration-room (4), referred to later, is the door to the elevator or lift (11) on the basement floor, next to it the vacuum cleaner electric plant (12), for the building is cleaned by this process; brooms are not used. Next to this are two trunk-rooms (9), each 17 x 14 and 16 x 16 respectively, with capacity for 100 trunks, the west staircase (10), being between the two rooms.

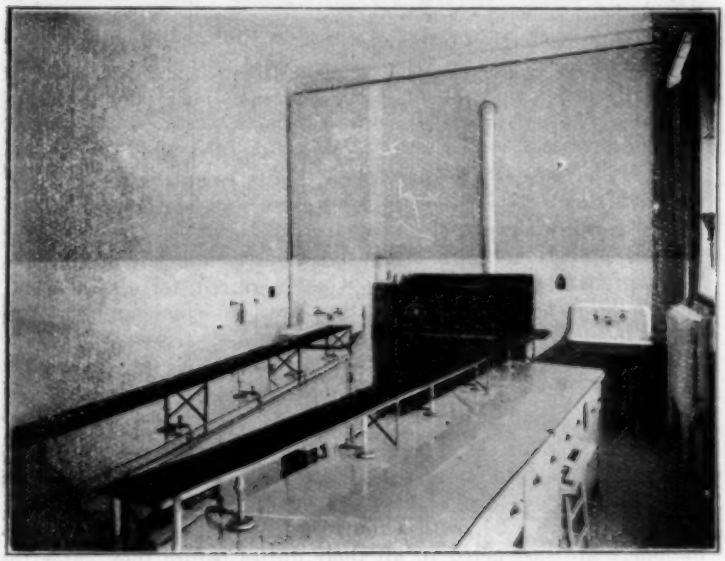
The fitting up of the trunk-rooms is rather unique. The trunks are on shelves in three tiers, and each trunk has on its front the name of the owner in large letters. If the owner wants her trunk and it is on the ground tier she simply pulls it out and opens it—if on the second tier she draws a small table that is on castors to the front of the shelf, ascends three steps which are attached at the end of the table, and pulls the trunk out on top of the table, opens it and when through pushes it back. If the trunk is on the top tier the owner simply ascends the step, stands on top of the table and opens her trunk without having to move it at all. These are all the rooms on the north side of the basement (17) corridor.

Cold Storage Plant.

Returning again to the east end of the corridor and opposite the staircase (10) from the kitchen entrance there is on the south side of the corridor the refrigerator-room (1), 13 x 14. This

room is equipped with a sanitary "arctic" drv air refrigerator, 13 feet 6 inches wide by 12 feet high and 3 feet deep, made in three (B.B.B.) distinct sections and fitted with ice chutes from the outside on LaPlante avenue, for the intake of two tons of ice at one filling; the inside of the refrigerator is lined throughout with white opal glass, and the floor inlaid with small tile. The two end provision compartments are equipped with shelves having access by two doors each. The centre compartment is equipped with plated meat hangers; the case is enamelled and brass trimmed. There are ten compartments in all.

Leading out of the cold storage room (1) is the scullery (2), 15 x 14. Both these rooms have tiled floors and walls, with ceilings in Keene cement, and window sills of marble. The food as



THE EAST END OF THE DIET KITCHEN.

prepared in the scullery is sent up to the kitchen by a small hydraulic lift (A) in the cold storage room, and at the door of the scullery. There is, except the doors and a cupboard for crockery, no wood in these rooms.

The next room to the west on the south side is the diet kitchen (3), 25 x 14, fitted up for the service of the dietitian and a class of ten nurses. The nurses work at two tables, each twelve feet long.

Gas stoves are not used, as they are cumbersome and antiquated. Instead of stoves there is a copper grill eight inches wide and twelve feet long.

This grill stands eight inches on and above a table at which

the probationers work, and in the centre of the space allotted to each probationer is a circular gas jet which answers exactly the same purpose and does the work much better than the ordinary burners of a gas stove.

Each probationer has her own drawer and cupboard, which contains all necessary crockery and utensils. The graniteware is white, with rim in blue, made specially for this kitchen.

The instructress, a dietitian, stands between the tables, which are placed about three feet apart at one end and join like a "V" at the other. The tables are covered with plate glass.

This kitchen also has its refrigerator lined throughout with white opal glass and a floor of small tile. The provision compartments are fitted with woven wire shelves, brightly tinned. The outside is cased with white opal glass also, making all parts inside and outside perfectly sanitary.

The room is floored with octagon tiles. The lower part of the walls is in white oblong tiles, and the upper part in Keene cement. The window sills are in marble.

The provision cupboard is of wood, painted white ,with glass doors. The shelves are plate glass. This receptacle is a marvel in its fitting. It is a complete pantry and storeroom in condensed form, and yet not crowded.

The probationers are instructed from 9 a.m. till noon daily. They prepare individual diets when required for the hospital, and at the end of three months they are competent, and cook the entire meal for the household in residence.

The dietitian states that every probationer is fairly well up in cooking after her three months' daily course in the diet kitchen.

Demonstration-Room.

Descending three steps (D) and in the centre of the basement, as will be noted in the plans, is the demonstration-room (4). This room is 24 x 24, with a fourteen-foot ceiling. In it the probationers are instructed in all their duties before they enter the wards.

Two beds and every article required in the ward are in this room. Each probationer receives instruction a stated number of hours each week in this department. This room has an oak floor, with walls in tile and cement. It is furnished with sinks and a small gas stove for water heating purposes.

Ascending three steps (E) the visitor leaves the demonstration-room and goes west along the corridor (17) on its south side to a door opening into a lobby (6). This room is 7 x 14, and is a dressing-room, fitted up with tiled floor and walls of cement, with racks for clothing.

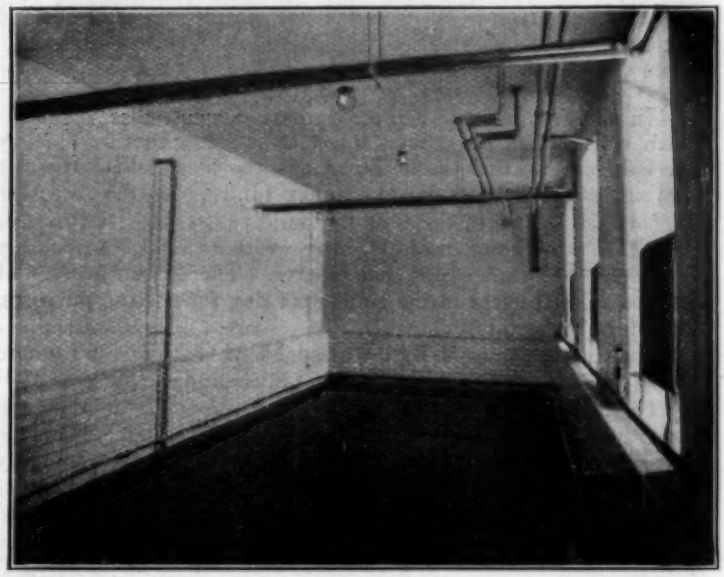
Opening out of this room is the swimming-pool (5), or plunge bath, 30 x 13, with a sixteen-foot ceiling.

At the west end of this bath is a marble platform (G F), 3 x 13, and at the north end of this platform is a shower-bath (F).

The pool is 30 x 13, and holds when ready for use 14,500 gallons of water, and is entered by a nickel steel ladder (G) at the south end of the marble platform. The water is heated by steam from the hospital boiler-room, 300 feet north of the Nurses' Residence.

The bath is constructed of the best Portland cement, two feet thick, with extra strength at the corners. It is lined with highly finished porcelain brick, of a make and quality specially manufactured for this bath.

The coping all round the bath is of marble, and the water has extra filtration before it enters the bath.



EAST END OF SWIMMING POOL—PLATFORM IS AT WEST END.

It is so clean in the bath that standing on the diving platform large type, say six inches long, can be read when placed flat at the bottom of the bath.

The bath is attended by the gymnastic instructress, who is an expert in swimming.

No nurse is allowed to enter the bath alone. There must be another nurse with her in the bath or an attendant in the room.

Every nurse must take the shower-bath before entering the plunge. This shower drains into an outlet not connected with the bath proper.

In case of an accident occurring to a nurse in the bath, there are two electric bells, one at each end of the bath. When the button is pushed the bells ring continually in the first floor hall,

where a maid sits who can at once summon assistance or see what is wanted.

It takes an hour and a half to fill and an hour and a half to empty the bath. The water is changed every five days.

Sewing-Room.

To the west of the plunge-bath is a sewing-room (7), 16 x 14, which the nurses have the use of, and in which all the sewing for the residence, such as uniforms, etc., is done.

Two sewing machines are run by electricity. It has been fully demonstrated that an operator can get fifty per cent. more work out of a machine run by electricity than by foot power.

The meter-room (8) contains the gas, water and electric meters, the switch boards, etc.

Heating Plant.

In the front of the centre of the basement, that is, on its north side, is the boiler-room (13), 16 x 24, with three boilers (H I J), for heating the building, and the jacket stove (K) for heating water in the hot water tanks (L M) for the seventeen tub-baths in the upper floors of the building. One heating boiler is all that is required in mild winter weather, two if the weather is severe. The third boiler is a reserve. There is an average of 800 lbs. of coal burnt in the boilers per day for heating purposes, from 1st October to 30th April.

The three boilers (H I J) are capable of heating 8,000 square feet of heating surface, or 24,000 feet of inch pipe.

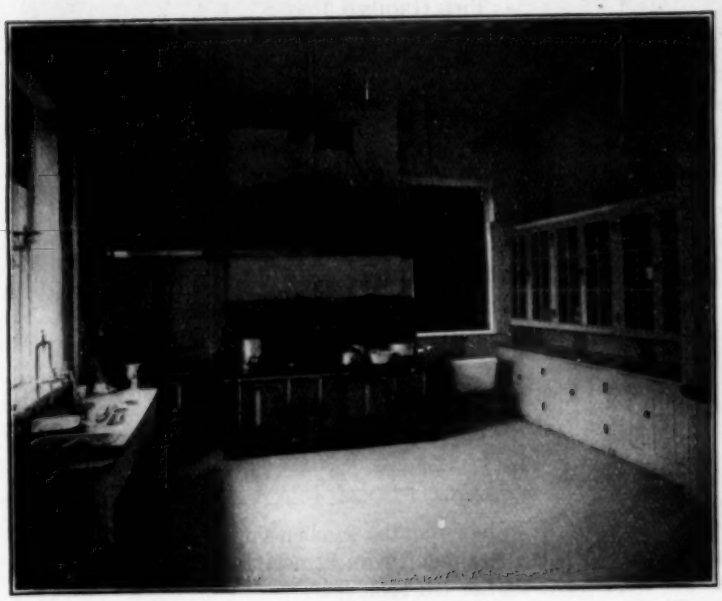
The hot water tanks (L M) hold 600 gallons of water for the individual tub-baths—an ample supply for the bath-rooms on the upper floors of the residence. The jacket stove will heat a supply of 400 gallons per hour of cold water, so that the supply of hot water for the tub-baths is practically continuous.

The plunge-bath is so popular that it is predicted the tub-baths will be almost deserted in a few years.

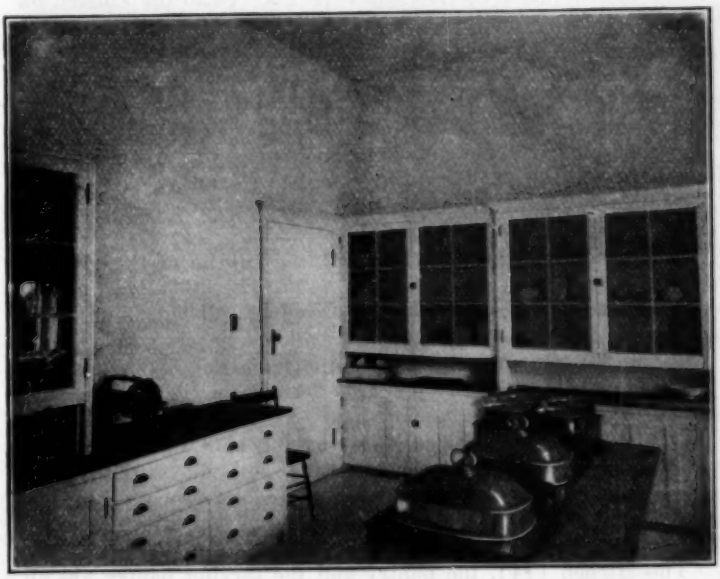
Under the main portico (14), which is 48 x 16, are coal bunkers for heating and kitchen coal, with a capacity for 80 tons, enough to last the residence for a year.

The coal is placed in these bunkers through two chutes (N, O), which open from the roadway on the north side of the portico. The carts come along the private roadway, and the black diamonds are shot down direct to the bunkers.

The coal is all weighed on the hospital scales at the driveway of the main building before it is placed in storage, either in the hospital or residence. The coal cellar is entered by a front entrance (P) at the east end of the portico, and there is also an entrance descending three steps into the boiler-room (Q), and from the boiler-room to the basement at (R). This completes the description of the basement.



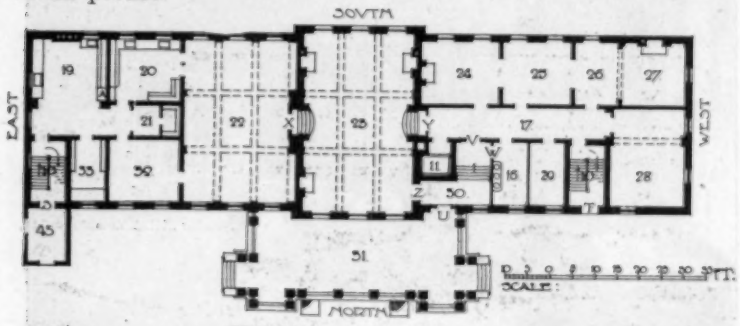
THE KITCHEN.



THE SERVING PANTRY.

The Ground Floor.

The ground floor is reached by three entrances, one at the east (S), or kitchen entrance, one at the west (T), or nurses' entrance, and one—the main entrance—(U) under the west end of the portico.



GROUND FLOOR PLAN.

The room (45) shown at the kitchen entrance is not yet constructed. The space is intended for a receiving-room for supplies, and to hold waste matter till removed.

The entrance at the east end or left of the plan is exclusively for the domestics and for supplies. When you enter here to go to the basement you descend ten steps. To go to the kitchen on the ground floor you ascend eight steps. The staircase runs to the top, or fourth, floor of the building.

The west entrance (T) is for nurses. To go to the basement you descend ten steps. To go to the ground floor you ascend eight steps.

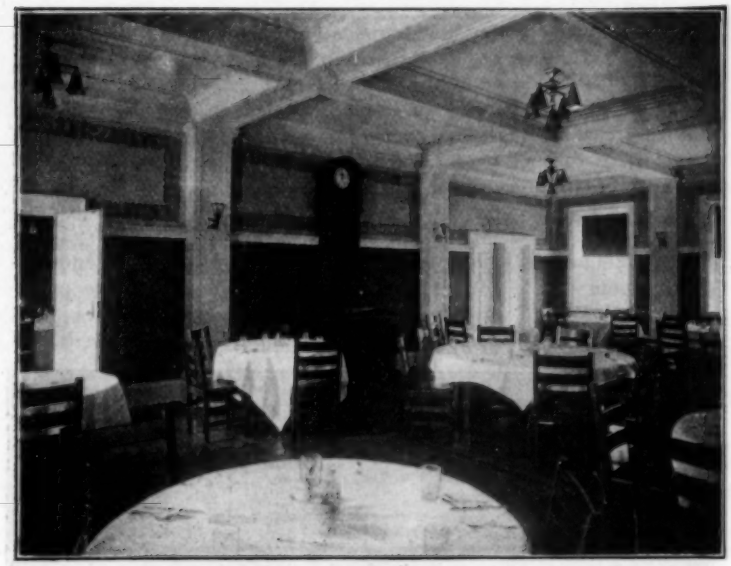
After you enter the main entrance (U) you walk across a four-foot vestibule and ascend five steps to a landing, and pass at (V) into the main corridor. Nurses pass at (W) into the lavatory and cloak-room.

Commencing again at the east end, the interior of the building contains on its south side a kitchen (19), 17 x 22, fitted up with a large range, gas stove and other necessaries. There is no woodwork in the kitchen, save a cupboard, which is nearly all glass.

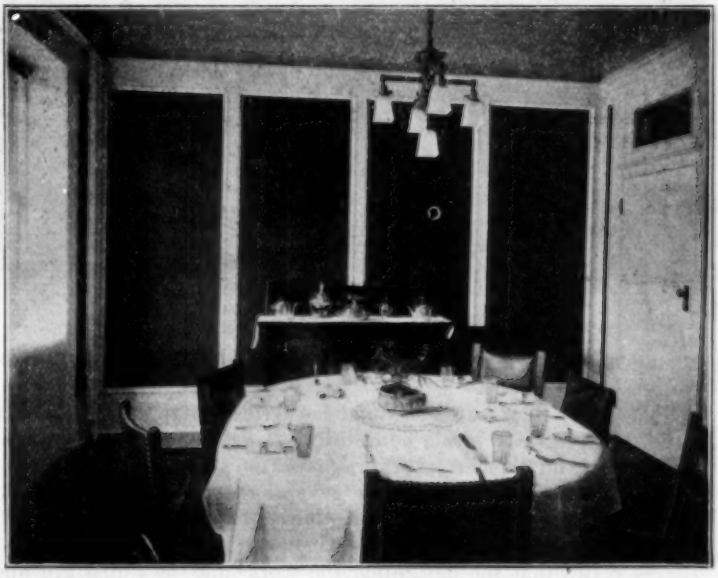
In the kitchen (14) is the opening from the service elevator (A), which brings up the prepared food from the scullery and cold storage room in the basement.

Off the kitchen is the cook's or baking pantry (33), 8 x 14, with cupboards, etc., and opposite on the south side is the serving pantry (20), 16 x 14, fitted with a steam-table, cupboards, coffee, tea and milk urns. There is also a pantry (21) for stores required for immediate use.

The kitchen (14), the pantry and the serving pantry are all fitted up with tile floors, and tile walls for six feet, and the rest of the walls and the ceiling are of cement.



NURSES' DINING-ROOM.



SUPERINTENDENT'S DINING-ROOM.

The serving pantry (20) opens into the nurses' dining-room (22), 25 x 37, and has table accommodation for sixty nurses.

The plaster walls of this room are covered with muslin, which had four coatings of oil and white lead, and are decorated in empire green below the frieze, the upper part a lighter green, with a stencil pattern of laurel leaves and pomegranates, a most effective and pleasing decoration.

Superintendent's Dining-Room.

Off the general dining-room is (32) the Lady Superintendent's dining-room, 14 x 16. The walls are panelled in white enamelled woodwork to top of windows, the fields or panels are filled in with silk fibre, bronze green color. The floor is covered with

THE GENERAL RECEPTION-ROOM.

a Smyrna rug in green and yellow color, and is in delightful harmony with the walls.

The Lady Superintendent and the resident staff from the main building have their meals here daily.

Leading off the nurses' dining-room is a wide doorway (X), with five steps descending to the general reception-room or hall.

This room is 25 x 41, with a ceiling fifteen feet high, decorated in the colonial adaptation of Georgian architecture, and good judges claim that the designing, the work and the finish are fine examples of the architecture of the period.

The walls are panelled 9 feet 6 inches high in enamelled wood-

work, and are divided by fluted Corinthian pilasters supporting the plaster entablature, with enriched cornice at the ceiling. The doorways, with steps, in the centre of the side walls, are treated with fluted Corinthian columns to the height of wall panelling, supporting an entablature.

This room contains three mantel pieces, flanked with fluted pilasters, in harmony with the doorways. The fireplaces are framed with a marble called black and gold, giving a pleasing contrast with the white woodwork.

The upper parts of the mantels are designed in the form of a frame, to contain oil paintings.

This room opens on to the portico on the north side of the building by three French casement windows.

THE PARLOR, THE MUSIC-ROOM AND WRITING-ROOM.

the room, for it is expected that some day there will be verandahs on this side, extending from the ground to the top of the building.

The room is lighted from both ends, the sash being divided by sash bars, giving the character in keeping with the room.

The ceiling is divided by moulded plaster beams into nine panels, which are covered with muslin, and tinted in ivory color, in harmony with the golden yellow of the wall surface above the panelling. The six windows in this room are hung with blue velours, with oxidized poles to match the electroliers.

The room is lighted by five pendants in oxidized steel and opal

globes, which harmonize with color of wall above panelling—golden yellow.

Leaving the reception-hall and ascending three steps (Y) we are in the main or west corridor, which is 40 feet long and 7 feet wide.

The first room on the south or left side is the parlor (24), 14 x 18; the second (25), is the music-room, 14 x 15; the third (26) is the writing-room, 10 x 14, and the fourth (27) the general library, 15 x 14.

The parlor and music-room are treated with a good Georgian paper, white enamelled woodwork, with grey-white ceiling, white linen curtains, appliqued with old rose flowers and green leaves.

THE MUSIC-ROOM.

The writing-room and library have the walls in a golden brown paper, with curtains of a golden brown monk cloth, with an applique conventional pattern, green and burnt orange.

It all harmonizes with the white woodwork and the bookcases, which are in white, with colonial doors and small glass. These four rooms can be thrown into one large reception-room by means of sliding doors.

In the library are one thousand volumes of well-selected fiction and general literature for the use of the nurses.

The Lecture-Room.

On the north side of the corridor, and at the west end, is a lecture-room (28), 22 x 16, which contains in a case all that

remains of the "late Wm. Morgan," as the skeleton in use by the superintendent in lectures is named by the nurses.

The chairs used in this room are one-armed chairs from a special design—no left-hand arm, but a broad six-inch flat right-arm for the resting of a notebook and the hand of the nurse. The walls of this room are decorated in old gold with frieze of a lighter color.

Waiting-Room, Etc.

Leaving this room and coming east is a small waiting-room (29), 8 x 14, for visitors. It has bronze green walls, and a frieze of burnt orange and yellow.

Next to this room is a lavatory (16), 8 x 14, with water closet and three wash basins. The room is finished in tile and marble.

Adjacent to this is the main entrance, exit (V.), with a private door (W) from the lavatory into the vestibule, so that nurses who enter the main entrance can go directly into the lavatory, in which are the racks with hooks for outside clothing.

Every nurse is compelled to wear a wrap going and returning from the main or hospital building.

The elevator or lift entrance (11) from this floor is at the end of this corridor on the south side, near the door of the general reception-room.

The Main Corridor.

The corridor (17) is decorated in burlap, painted a reseda green, with a light and suitable frieze.

Roster for Nurses.

There are two unique articles in this corridor which merit attention. One is the "roster" for nurses. It is a board divided into 100 compartments, each compartment or division half an inch wide and three inches long.

Into this half-inch space is inserted a card with the nurse's name in print, and the number of her room. At the end of the name is a peg hole. At the bottom of the roster frame is a tray about three inches wide and twenty inches long. In this tray are pegs with a round knob about a quarter of an inch in diameter. Each knob has a color.

A nurse, if "in the hospital" on duty, places a red peg opposite her name; if "out" of the residence a blue peg; if "on vacation," a white peg, or if on "outside" duty a white and red peg, and if "in" her room, a green peg. This "roster" is the invention of Dr. Fisher, of the Presbyterian Hospital, New York. It is in use in the Nurses' Residence of that building.

There is also a bulletin board for notices from the superintendent and other officials. It is an ordinary cork bath mat, squared and placed in a frame. With a pin all notices are posted.

The Main Vestibule.

The vestibule (30), 8 x 14, at the main entrance, is a fine piece of colonial woodwork. Leading from this entrance is a door (Z) opening into the general reception-room, but this is only used at functions in which the public are concerned.

Rubber for Corridors.

The vestibules at all the entrances are protected by perforated rubber mats, while the portico has a rubber mat reaching from the door to the steps at its west side.

All corridors throughout the building have a green rubber cream strip, 36 inches wide, running full length of corridors. All steps on staircases throughout building are supplied with rubber treads and brass nosings.

The Elevator or Lift.

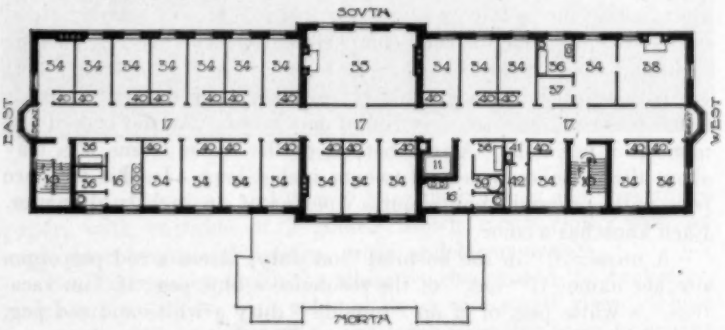
The elevator or lift (11), which operates without an attendant, runs from the basement to the roof of the building. The person using it touches a button and the elevator comes to the required floor. The person enters, touches a button "up" or "down" and stops the elevator at the floor desired.

The Floors.

The floors in the entire building, except where otherwise named, are of selected Georgia pine, polished. There is not one knot in any floor in the building.

The First Floor.

To reach the first floor, one can either take the west staircase or the elevator or lift.



FIRST FLOOR PLAN

The first floor corridor is 150 feet long and 7 feet wide.

Bed and Bath Rooms.

There are twenty-one bedrooms on this floor (34), 8 x 13. Each room has also a clothes closet, 3 x 4, with pegs and shelves,

and rack for boots and shoes. No shoes or any other articles are allowed to be placed on the closet floor.

The clothes closet is lighted and ventilated by a window, 3 x 2, five feet from the floor.

There are two bathrooms (16), each 15 x 15, on this floor, one at its east end and one at its west end.

That in the east end contains two baths (36) and water closet, divided off from main room by marble screens into separate compartments.

There are also three basins in the main portion of the bathroom.

The bathroom in the west end (16) contains one bath (36)

THE NURSES' PARLOR ON THE FIRST FLOOR.

and one shower (39), and water closet divided off, same as east end bath. This bathroom also contains two basins.

There is one tub-bath for every five persons in the building, and one wash basin to every three persons.

Superintendent's Rooms.

At the west end, and on the south side of the corridor, is a parlor for the Lady Superintendent (38), 15 x 15, a bedroom (34), 10 x 15, a bathroom (36), 8 x 8, and a clothes closet (37), 6 x 8.

The Lady Superintendent's parlor is decorated in a reseda green silk and linen fibre on the walls, with a rich frieze of magnolia flowers and green leaves, and a reseda green rug, with border

in rich shades of golden brown and yellow. The curtains are of green linen.

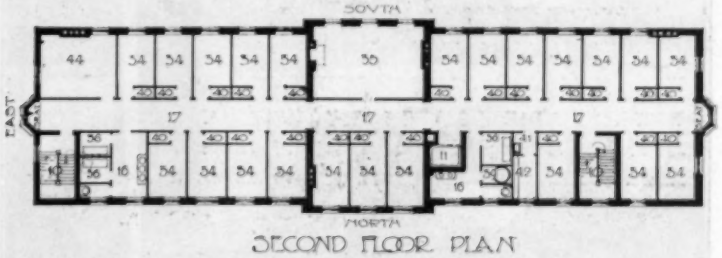
The Nurses' Parlor on the First Floor.

Leading from the centre of the corridor on the south side is a nurses' parlor (33), 25 x 17, for the nurses on this floor. It is lighted by three French casement windows, which may be opened when the verandahs on the south side of the building are erected. This room is decorated in an old-fashioned colonial paper, in harmony with the wall decoration, a rich crimson rug with figured border.

This floor has also its linen closets (42), its slop sinks (41), and its corridor (17), with the outlets for the electric sweeping plant.

The Second Floor.

The second floor is a repetition of the first floor, and has 22 bedrooms, bathrooms, exactly similar in all respects to those described on the first floor, and this applies to all bedroom floors.



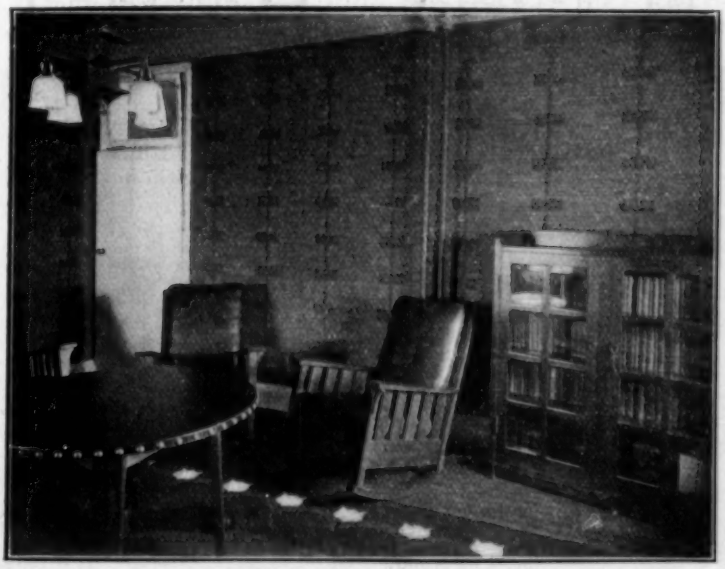
SECOND FLOOR PLAN

On this floor is the medical library, a room 17 x 16, with its furniture, and a bookcase containing about 300 volumes, all on nursing. Every known book on the subject and for use in training schools will be found in this library. These books cannot be removed from the room. Every comfort is afforded for study, and the room is one of the cosiest in the building. The furniture in this room is in red leather, with a rug to harmonize with the green walls and curtains.

On this floor are also the bedrooms of the assistant superintendent, the supervisor of probationers, and housekeeper, with a small parlor for each—each room 8 x 16.

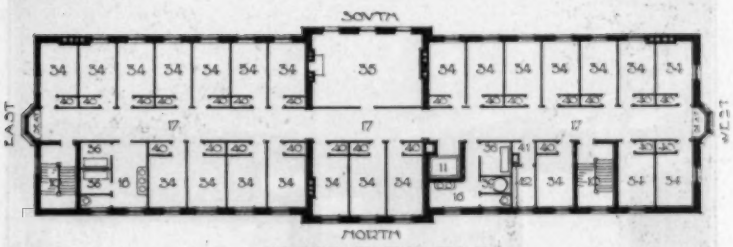
There is also a parlor 25 x 17 in the centre and south side of the corridor for nurses who room on this floor.

THE NURSES' PARLOR—SECOND FLOOR.



THE MEDICAL LIBRARY.

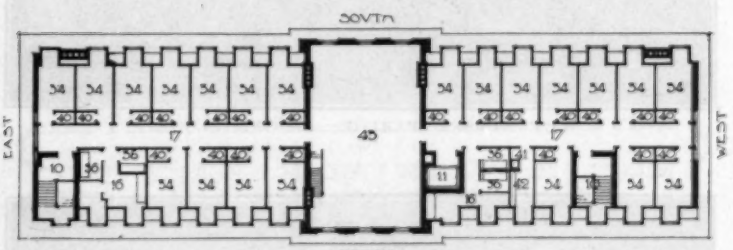
The Third Floor.



THIRD FLOOR PLAN.

The third floor is similar to the first and second, with 24 bedrooms and two bathrooms, as on first and second floors, and also a parlor 25 x 17 in the centre and south of the corridor for nurses whose rooms are on this floor.

The Fourth Floor.



FOURTH FLOOR PLAN.

The fourth floor (17) is divided into two parts in the centre. It has 21 bedrooms, 8 x 10, for domestics, with bathrooms (16), all finished in the same style as the other bathrooms in the building.

The Gymnasium.

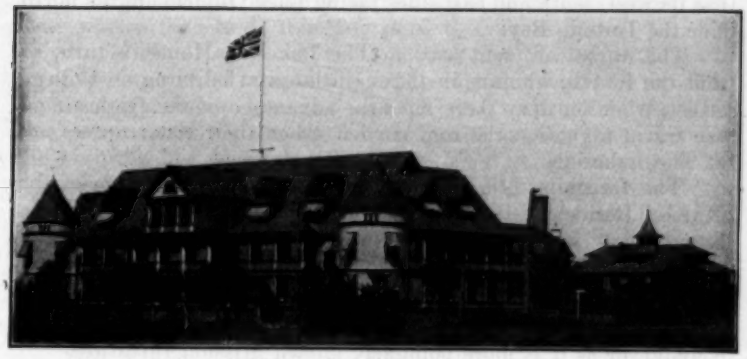
In the centre of the building on this floor is a room 14 feet high and 25 x 41 feet, used as a gymnasium (43), and fitted up with a complete outfit.

The equipment has every requisite for the work, and an instructress gives daily instructions of thirty minutes to different classes. The classes meet in the morning and afternoon.

The thirty minutes are taken out of the hospital time, and not the nurses' own time.

The Roof Garden.

Leading from the gymnasium is a narrow staircase to the roof garden—a flat space, 25 x 41, which is covered with slat work and has an awning. Here the nurses may sit and rest in the summer time when they feel so disposed.



WORK OF NURSES.

Out of the 52 nurses about three-fourths are at The Lakeside Home for Little Children on the Island from the end of May till the beginning of October.

The Lakeside Home is the summer sanitarium of the Hospital for Sick Children. It is situated at the Lighthouse Point on Toronto Island, and was erected, equipped, furnished by Mr. Robertson in 1882, and presented to the Board of Trustees of the hospital. It is a large building—a complete sanitarium—with ward accommodation for about 150 children. All the patients from the mother hospital on College street who are able to be sent to the Island have four months' residence there. The Lakeside

has its west, south and east sides facing Lake Ontario and its north side the Toronto Bay.

The nurses are sent over to The Lakeside Home in turn, so that the fourth, who are in the main hospital building on College street, when on duty there have the advantage of the fresh air on the warm nights on the roof garden, when their sister nurses are at The Lakeside.

The foregoing is a complete description in brief form of the Nurses' Residence, its construction and the plan on which it has been built.

Furniture in Building.

The furniture, from the basement to the roof, is all Spanish colonial, or as it is more popularly known Mission furniture.

Every room in the building, from the maids' parlor to the roof, is furnished in this style, and there is not the slightest variation from it by the introduction of even the most minor piece of furniture.

The nurses' dining-room has circular tables and dining chairs, which show effectively when the tables are set for dinner, and each nurse is in her place.

The private dining-room of the Lady Superintendent is of the same character.

The centre or main reception hall is an exquisite piece of interior woodwork, and the settees, the chairs, the tables, large and small, and other pieces of furniture upholstered in leather rest on a Smyrna rug, which covers nearly all the floor space of 25 x 41.

The floors of the parlor, music-room, writing-room and library are covered with Smyrna rugs in green and gold. Eighteen inches of the oak floors in each room are shown.

The furniture is all in leather of different colors, each room having its own color.

The easy chairs—the settees, are most inviting and restful.

The nurses' parlors on each floor and the Lady Superintendent's rooms are similar to the furnishing of the lower floors, and most artistic.

The parlors on each floor have settees and seats for twelve nurses, with writing desks and tables for purposes of study.

The bedrooms have each an iron bedstead and a bureau in Mission pattern, but colored in white enamel. There is an easy chair and table in the dark oak of Mission furniture, and the floors, which are of Georgia pine, are oiled. At the bedside is a long rug, while the window curtains, which end at the sill, are of white dotted scrim of pretty design.

The residence has been fitted up with the idea of doing the best that can be done for young women, who, without recompense, put in three years of their lives learning the work of nursing.

A large amount of duty and of hard work is required of these women, and to do this they must be kept in perfect health; they must live under the best sanitary conditions, with good food, well-ventilated rooms and up-to-date methods, by the aid of baths, gymnastic exercises and physical instruction, so that they may not only be in the best of health during their stay in the hospital, but when they go out to labor in the nursing field they will do so under the best possible conditions.

There is hardly ever a graduate nurse of this hospital out of commission, and if twice the number of graduates were turned out each year they would be quickly absorbed either at private work or in the large American hospitals, where at the present time at least a score of our nurses occupy positions of importance.

This description of the residence is given in response to a large number of enquiries from hospital people or workers in Great Britain, the United States and Canada. The details and the measurements are given so that those interested in hospital work may know exactly the size of the rooms, etc., and capacity and layout of the building.

The architects of the building were Messrs. Curry, Sproatt & Rolph, Toronto. The residence will be formally opened on February 5th, by Mr. Goldwin Smith, a personal friend of Mr. Robertson. The Lieutenant-Governor of Ontario and suite and the Premier and members of the Ontario Government will be present.

INDEX TO PLANS.

1—Stores:
(*a*) Dumb Waiter.
(*b*) Refrigerators.
2—Scullery.
3—Diet Kitchen.
4—Demonstration Room.
5—Swimming Bath.
6—Dressing Room.
7—Sewing Room.
8—Meter Room.
9—TrunkRoom.
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27—Library.
28—Lecture Room.
29—Waiting Room.
30—Vestibule.
31—Entrance Porch.
32—Superintendent's Dining Room.
33—Cook's Pantry.
34—Nurses' Bedroom.
35—Sitting Room.
36—Bath Room.
37—Clothes Closet.
38—Superintendent's Sitting Room.

39—Shower Bath.
40—Clothes Closet.
41—Slop Sink.
42—Linen Room.
43—Gymnasium.
Roof Garden above it.
44—Medical Library.
45—Kitchen Vestibule.

KEY TO ENTRANCES.

A.—Dumb Waiter.
BBB.—Refrigerator.
C.—Entrance from kitchen staircase to basement corridor.
D.—Steps from east corridor to demonstration room.
E.—Steps from demonstration room to west corridor.
F.G.—Platform in swimming pool. At F shower bath, at G ladder to pool.
H.I.J.—Heating boilers.
K.—Jacket stove.
L.M.—Hot water boilers for tub baths.
N.O.—Coal chutes in driveway.
P.—Entrance to coal room from front driveway.
Q.—Entrance from coal room to boiler room.
R.—Entrance from boiler room to main building.
S.—Kitchen entrance to basement and to ground floor.
U.—Main entrance door to residence.
V.—Door from vestibule to ground floor corridor.
W.—Door from vestibule to lavatory.
X.—Stairs (4) between nurses' dining room and general reception room to west corridor, ground floor.
Z.—Door from vestibule to general reception room.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

OFFICERS, 1906-7.

President, Miss J. Hamilton, 505 Sherbourne St.,; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

CONVENERS OF COMMITTEES.

Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Mrs. Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss Grace Hodgson, 82 Bloor St. W., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss C. Mitchell; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board: Miss B. Crosby and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W.
15th December, 1906.

The following ladies have received appointments as Staff Nurse: Miss E. M. M. Malim, Miss M. E. Smith, Miss N. Stewart, Miss S. W. Wooler.

Postings and Transfers.

Matron.—Miss C. Hutton Potts, to Standerton, from Middelburg, Transvaal.

Sisters.—Miss M. Walker, to Pretoria, from England; Miss F. M. MacGregor, to Pretoria, from Middelburg, Transvaal; Miss E. M. Denne, to Bloemfontein, from England.

Staff Nurses.—Miss S. N. Daly, to Shorncliffe, from Hounslow; Miss L. Belcher, to Shorncliffe, from Woolwich; Miss E. R. Collins, to Hounslow, on appointment; Miss F. E. Morton, to Woolwich, on appointment.

Promotions.—The undermentioned Staff Nurses to be Sisters: Miss E. Barber, Miss A. E. FitzGerald, Miss E. C. Fox, Miss A. M. MacCormac, Miss F. M. MacGregor, Miss M. MacGregor, Miss M. E. Neville, Miss E. M. Robinson, Miss M. O'C. McCreery.

C. H. Keer,
Matron-in-Chief.

The Editor,
The Canadian Nurse,
133 East Bloor Street, Toronto, Can.

CONSTITUTION OF THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

ARTICLE No. 1.

The name of the Association shall be: "The Alumnæ Association of the Collingwood General and Marine Hospital Training School for Nurses," of Collingwood, Canada, and its object shall be the promotion of unity and good feeling among the Alumnæ, and the advancement of the interests of the Profession of Nursing.

ARTICLE No. 2.

The officers of the Association shall consist of a President, two Vice-Presidents, a Secretary and a Treasurer. These officers, together with the Honorary President, shall constitute the Executive, which shall represent the Association and manage its affairs. The officers shall be elected by ballot at the annual meeting and shall serve until their successors are elected.

ARTICLE No. 3.

Clause 1.—The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys, and may in case of any vacancy make all necessary appointments until the next regular meeting of the Association.

Clause 2.—The Vice-Presidents, in order of their standing, shall preside at all meetings and discharge all the duties of the President in her absence.

Clause 3.—The Secretary shall keep a regular record of the proceedings of all meetings of the Association; she shall notify members by mail of all regular and special meetings, and conduct the correspondence of the Association.

Clause 4.—The Treasurer shall take charge of all moneys, collect all dues and pay only such bills as are countersigned by the President.

ARTICLE No. 4.

The regular annual meeting of the Association shall be held during May at the General and Marine Hospital, Collingwood. The regular meeting shall be held from 3 to 5 p.m. on the 1st Thursday of every month.

ARTICLE No. 5.

Graduates of the Collingwood General and Marine Hospital Training School for Nurses, in good standing in the profession, are elegible for membership—application for membership to be sent to the Secretary, and by her presented to the Association.

ARTICLE No. 6.

Clause 1.—The annual dues shall be one dollar ($1.00), payable not later than August 1st. The initiation fee shall be one dollar ($1.00), payable to the Treasurer on admission.

Clause 2.—No member shall hold office or vote at the annual meeting who is in arrears to the Treasurer.

ARTICLE No. 7.

Honorary members may be elected by a two-thirds vote of the members at any general meeting of the Association.

ARTICLE No. 8.

Each member of the Association shall sign the Constitution to signify her acceptance of the terms of membership, and her willingness to be bound by its provisions.

ARTICLE No. 9.

At any meeting of the Association four (4) members shall constitute a quorum, and three (3) members shall constitute a quorum of the Executive.

ARTICLE No. 10.

This Constitution may be altered or amended at any annual meeting of the Association, or by any special meeting called for the purpose, provided notice of the change proposed be mailed to each member of the Association at least ten (10) days before said meeting.

BY-LAW No. 1.

The order of business at meetings of the Association shall be:

(*a*) The meeting shall be opened by prayer.
(*b*) Roll Call.
(*c*) Reading of Minutes.
(*d*) Reading of Bills and communication of Treasurer.
(*e*) Report of Board.
(*f*) Report of Committees.
(*g*) Elections.
(*h*) Miscellaneous business.
(*i*) Adjournment.

BY-LAW No. 2.

The Executive shall meet when called together by the President or by any three (3) members of the Board. The Secretary shall send notice of such meetings to each member of the Board.

List of Members.

Honorary.—Mrs. Lett, Patroness; Mrs. Bassett, Hon. Member; Mrs. Arthur, Hon. Member; Miss Morton, Hon. Pres.

Officers.—Miss Redmond, President; Miss Knox, Vice-President; Miss Robinson, 2nd Vice-President; Miss Jenkins, Secretary; Miss Carr, Assistant Secretary; Miss Morrison, Treasurer.

Members and Date of Graduation.

Carr, Miss Jennie, 1901; Cottrill, Miss Phœbe J., 1906; Dawson, Miss Ethel, 1900; Doner, Miss Laura, 1903; Graham, Miss Ethel, 1903; Jenkins, Miss Lizzie, 1902; Knox, Miss Mary, 1897; Klinck, Miss Bertha, 1905; Ford, Miss Mary, 1905; Morrison, Miss Grace, 1902; Morton, Miss Gerald, 1905; Moore, Miss Annie, 1905; McEwen, Mrs. Jennie, 1900; Redmond, Miss Maud, 1900; Robinson, Miss Mary, 1905; Wilson, Miss Etta, 1905; Baker, Miss Ella, 1906; McBride, Mrs. Isabel, 1906; Cranston, Mrs. C., 1902; Munroe, Mrs., 1903.

TWO SUCCESSFUL ANSWERS FROM THE POST-CARD PRACTICAL POINTS COMPETITION OF "THE BRITISH JOURNAL OF NURSING."

Fomentations.—Instead of wringing these out of boiling water, a good plan is to steam them in an ordinary potato steamer over a saucepan of boiling water. If requiring frequent changing one or more can be steamed together, and kept hot by the side of the fire. As regards heat and moisture, such fomentations are quite equal to those wrung out in boiling water.—J. R. Mollison, 11, Manor Place, Edinburgh.

A Method of Cleansing Heads.—A most successful and sure remedy is oil of sassafras. Soak the head with the oil and cover with jaconette and calico cap. Let these remain on for from eight to nine hours, then comb the hair with a small comb, and give a good shampoo afterwards. The oil of saasafras not only destroys the vermin but the nits also, and therefore prevents further development.—Ellen Gibbs.

Hospital and Training School Department.

OUR SUBSCRIBERS WILL CONFER A FAVOR UPON US BY REPORTING AT ONCE IF THE CANADIAN NURSE IS NOT IN THEIR HANDS BY THE FIRST DAY OF EACH MONTH. ADDRESS ALL COMMUNICATIONS, "THE CANADIAN NURSE, TORONTO."

MISS ALLINE was in Montreal last week.

MISS SHAW, assistant superintendent of the Jeffrey Hale's Hospital, Quebec, spent Christmas in Montreal with her family.

MISS RANSOM, graduate of the Jeffrey Hale's Hospital, Quebec, has been appointed night superintendent of that institution.

DR. A. H. GORDON gave a very interesting lecture on infectious diseases to the members of the M. G. H. Nurses' Club last month.

MISS M. VERNON YOUNG (M. G. H. Club), who has been nursing in Quebec for some weeks, spent New Year's at her own home.

MISS PENTLAND, lady superintendent of the Montreal Homeopathic Hospital, has gone to Quebec for a few weeks. Miss Pepper, her assistant, is in charge of the hospital during her absence.

THE Sherbrooke Protestant Hospital was originated by R. W. Heneker, D.C.L., LL.D., and a building fund was started in 1888. A charter was obtained from the Government of the Province of Quebec, which defined the intents and purposes of the hospital to be "The admission and care of sick persons without distinction of race or creed, the granting relief to persons requiring the same from sudden accidents and the giving of medical advice and medicines to the poor, all subjected to such regulations as might be determined by by-laws." After sufficient money was collected the hospital was built and furnished, and was opened for the admission of patients in June, 1896. The hospital has twenty-seven beds, seventeen in the public wards and ten in the private wards. A few years after the hospital was opened a Nurses' Home was built. The grounds are large, comprising about ten acres, being situated on a height of land overlooking the city. Since the opening of the hospital 2,245 patients have been received, and 1,050 operations performed. The patients admitted are not confined to the city of Sherbrooke, but come from all parts of the Eastern Townships, and from across the line. Two pleasant sun parlors, opening off

the two public wards, have been added to the hospital. The operating room has been thoroughly renovated and a complete sterilizer was given to the hospital a year ago. The hospital nursing staff in 1896 consisted of a Lady Superintendent and two nurses. In 1906 there is a Lady Superintendent, an Assistant Superintendent and eight nurses. The three years' course is compulsory. Sixteen nurses have graduated from the school in the ten years and nine months in which the hospital has existed. Miss Houghton, a graduate of Montreal General Hospital, is Superintendent, and Miss Lawrence (M.G.H.), Assistant.

Miss B. Ross, of Chatham, spent the Christmas holidays in Kincardine.

Miss Adda Thomas, of Chicago, is visiting relatives in Chatham, Ont.

We are glad to hear that Miss Thorpe, T.G.H., has been back on duty for some weeks.

In our last number the name of Miss Sewrey was inadvertently mis-spelled Souris.

Miss L. Maynard, of the Public General Hospital, Chatham, Ont., is visiting at her home in Essex.

Miss L. Kelly, of Watford, is visiting Miss Kennedy, superintendent of the Public General Hospital, Chatham, Ont.

Miss E. Kidd, graduate Stratford General Hospital, and Miss Switzer, of the same school, are doing private nursing in Port Arthur.

Miss Eliza Kilburn, graduate V. P. H., Fredericton, succeeds Miss Bolton as matron of Carleton County Hospital, New Brunswick.

Miss Bracken, who has been graduate assistant in the Dauphin General Hospital, spent a short holiday in Grandview, Man., in November.

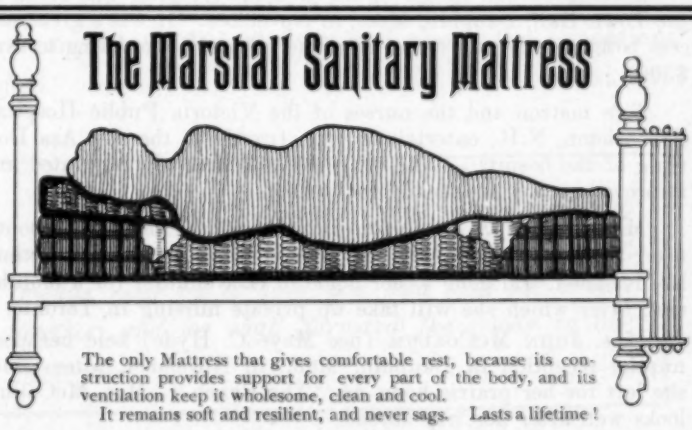
Miss Margaret Woronich and Miss Edith Ogilvie, of Riverdale Hospital, have returned to New York, after a month spent visiting friends in Toronto.

Miss Isabel Likely, V. P. H., Fredericton, returned from Highland View Hospital, Amherst, N.S., to spend Christmas with her parents at Marysville, N.B.

Miss Lillian Whitlaw, Riverdale Hospital, has completed her post-graduate course in the General Memorial Hospital, New York, and visited her home in the city at Christmas time.

Miss Nellie Atkinson, graduate G. & M. H., St. Catharines, who has been doing missionary work in Central Africa for a number of years, is at her home in Burtch, Ont., on furlough.

The Marshall Sanitary Mattress



The only Mattress that gives comfortable rest, because its construction provides support for every part of the body, and its ventilation keep it wholesome, clean and cool.
It remains soft and resilient, and never sags. Lasts a lifetime!

NURSES—ATTENTION!!!

This is the only Mattress on which a patient can be turned without lifting. Recommended by all physicians. Sold subject to trial, and money back if not satisfactory. Write tor testimonials and catalogue.

THE MARSHALL SANITARY MATTRESS CO., Limited

London, Eng. 261 King Street West, TORONTO Chicago, U.S.A.

Miss Mary Pepper, graduate of the Lady Stanley Institute, class 1906, has been appointed assistant superintendent in the Homeopathic Hospital, Montreal.

Miss Baker, one of the recent graduates of the Collingwood Hospital, has been ill with typhoid fever. Her friends will be pleased to hear she has recovered and is convalescing at her home.

Miss Hance, graduate of Victoria General Hospital, London, Ont., and Miss Edith Rayside, graduate of St. Luke's, Ottawa, left, December 29th, to join the staff of the Hospital, Indian Head, Sask.

Miss Sara H. Griffiths, of London, has been appointed to the important position of Superintendent of the Alexandra General and Marine Hospital, Goderich. Miss Griffiths is a graduate of the Royal Victoria Hospital, London.

Dr. Edward Haselt, Resident Medical Officer, Provincial Royal Jubilee Hospital, Victoria, B.C., has contributed to the *Outlook* an important article on British Columbia Hospitals, which is favorably commented on by the *British Medical Journal*.

The new superintendent of the Niagara Falls Hospital is Miss Annie Hayhurst, a sister of Sergeant Hayhurst, of the gallant 13th, of Bisley fame. Miss Hayhurst holds diplomas from four London hospitals, and was one of the army nurses who accompanied the Canadian contingent to South Africa.

A charity ball in aid of the General Hospital was given in the Town Hall, Dauphin, Man., in November. It was a great success both socially and financially, the proceeds amounting to over $300.

The matron and the nurses of the Victoria Public Hospital, Fredericton, N.B., entertained their friends in the new Asa Dow wing of the hospital. The wing has been recently renovated and improved, and is now ready for patients.

Miss Warnica, graduate St. Michael's Hospital, Toronto, after six months' work in St. Joseph's Hospital, Port Arthur, has resigned, and gone to her home in Gravenhurst for a month's rest, after which she will take up private nursing in Toronto.

Mrs. John McCollum (nee Maye C. Hyde) held her post-nuptial reception in Dauphin, Man., in November, after which she left for her prairie home on "The Ranch." Mrs. McCollum looks well after her trip abroad.

The Alumnæ Association of the Lady Stanley Institute, Ottawa, held its fourth annual meeting, Wednesday, December 5th. The following officers were elected: President, Miss M. K. Gallaher; First Vice-Pres., Miss McColl; Second Vice-Pres., Miss Snow; Sec.-Treas., Miss Scovil; Directors, Misses Gallaher, McColl, Snow, Scovil, Robinson and M. Johnston.

Special Notice to our

Out-of-town Customers

WE prepay Freight or Express (we reserve the right to ship the cheapest way) on all orders of $25.00 and over, going forward in one shipment to your nearest railway station in Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, on all goods except Furniture, Springs, Mattresses, Refrigerators, Organs, Stoves, Baby Carriages, Salt, Sugar and Flour.

To obtain advantage of this offer your shipment must amount to $25.00 over and above the exceptions named.

If you cannot make your order large enough to secure the advantage of free delivery, get your friends near by to join you and send the orders together and we shall forward the goods in one shipment.

THE T. EATON Co. LIMITED

TORONTO, CANADA

Miss Lawson (T.G.H., 1906) has received an appointment as head nurse at the Gravenhurst Sanitarium.

Miss Carrie Bowman (T.G.H.) has received the appointment as Lady Superintendent of the hospital, Portage La Prairie, Man.

Miss Lucy Hurlburt (1905, T.G.H.) was recently appointed Lady Superintendent of the Freemasons' Hospital, Morden, Man.

Mr. and Mrs. Honeywell, of Hunter River, P.E.I., have removed to Cevallos, Cuba. Mrs. Honeywell (Mrs. E. B. Bryans) is a graduate of the T.G.H.

Miss Emma Veale (Kingston General Hospital, '96) has just been appointed superintendent of the Cottage Hospital, Grand Forks, B.C.

Miss Florence McBride, the new superintendent of the General Hospital, Battleford, Sask., is a graduate of the Winnipeg General Hospital ('06).

Miss Vera Whitney, graduate of Victoria Hospital, London, Ontario, Class of '05, is very ill with typhoid fever at Grand Traverse Hospital, Traverse City, Mich.

At the last meeting of the Alumnæ Association of the Royal Alexandra Hospital, of Fergus, Miss McDowell, of Drayton, was appointed correspondent for The Canadian Nurse for 1907.

In the last number of The Canadian Nurse we stated that Miss M. R. Macdonald, superintendent of the Victoria General Hospital, Halifax, had resigned. We are pleased to be able to say that Miss Macdonald has been persuaded to reconsider her decision, and will remain for at least six months longer.

The marriage of Miss Grace Bolton, graduate V. P. H., Fredericton, and lately matron of Carleton Hospital, to Mr. Charles Richards, B.A., principal of Carleton County Grammar School, took place on New Year's Day at the residence of the bride's brother, Moncton, N.B.

The regular monthly meeting of the Alumnæ of the Collingwood G. and M. Hospital was held on the first Thursday of the month in the Board Room at the Hospital. The meeting was only fairly well attended, many nurses being employed in private duty, and unable to attend. The usual business was transacted, and a paper read by Miss Morton, Superintendent of the Hospital. We are glad to give a good report of our Alumnæ in Collingwood. The nurses are taking a keen interest, and have made an effort to attend the meetings. Much credit is due to the doctors, who have all, in their turn, lectured, and also to Miss Morton, whose great interest and kindly judgment has made her assistance invaluable. We are much pleased with our Canadian Nurse, and indeed thankful that it has become monthly, and extend congratulations to the Editor and staff in their marked success.

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Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or Paste, used daily, will soon remove all such tartarous adhesions and leave the teeth clean and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using

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SOZODONT TOOTH POWDER, OR PASTE

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THE MINISTERING ANGEL

CHRISTMAS week was, as usual, a scene of great festivity at all the hospitals. Christmas trees and Christmas entertainments were the order of the day, and no one was forgotten. In Ontario Dr. R. W. Bruce Smith made a pilgrimage to nearly all the hospitals within reach and seemed to enjoy the proceedings more than anyone else.

THE usual monthly meeting of the Riverdale Hospital Alumnæ Association, Toronto, was held on Thursday, January 10th, at which there was a good discussion on the benefits of post graduate work, led by Miss Sawyers, and arrangements were made for the annual meeting on February 7th.

MISS MACDONALD, lady superintendent of the V. P. H., Halifax, and her nurses were "At Home" to their friends on Tuesday evening, November 27th. The guests, numbering over one hundred, spent an enjoyable evening. Besides the attractive programme of dancing, games etc., there was a violin solo by Miss Gastonguery and a vocal solo by Miss Covery, a pupil nurse.

THE graduating exercises of the Class of 1906, Belleville General Hospital, were held at the hospital, Thursday evening, November 1st. Those who received diplomas were: Miss Helen P. Fetterley, Morrisburg; Miss Lila M. Morrison, Lindsay; Miss Martha I. Morrison, Elmvale; Mrs. Edith E. Foster, Belleville. The exercises were of the usual order, the nurses being addressed by Drs. Gibson and Mather. The diplomas were presented by Mrs. L. M. Youmans, president of the Woman's Christian Association and Hospital Board. Dr. Bruce Smith, Inspector of Hospitals, was present and gave a most interesting address.

GRADUATION ceremonies took place at the Sarnia General Hospital on January 2nd, and a large audience assembled to enjoy an instructive address by the Hon. W. J. Hanna, Provincial Secretary, and to listen to the interesting report of the superintendent, Miss Clarke. During the last ten years the Sarnia General Hospital Training School has sent out forty-six graduate nurses. Eleven are engaged as private nurses in Sarnia, ten as private nurses in the United States, three as visiting nurses in Detroit, one in evangelistic work, four are in hospital positions, five are married, and one of the number died; the remainder are private nurses in different parts of the province. The names of the graduating class are: Miss Mary E. Galloway, of Oil Springs; Miss Sophie L. Curtis, of Delta; Miss Mary H. Morrison, of Elinvale; Miss Margaret R. McDonald, of Courtright, and Miss Annie Taylor Brandon, of Moorefield. Music, and other excellent addresses added to the pleasure of the occasion. Mr. Thomas Kenny, on behalf of the Hospital Board, presented each of the young ladies graduating with a twenty dollar gold piece, a gift that was greatly appreciated.

One of these special bottles of GLYCO-THYMOLINE will be sent

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Express Prepaid

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We want you to know the value of GLYCO-THYMOLINE. It stands on its merits.

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Swedish Movements, Medical and Orthopaedic Gymnastics
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The different branches of Instruction may be commenced at the same time and finished within three months

All Students Get Hospital Experience

Second Section of the Winter Class opens February 14th, 1907
Spring Classes open May 15th, 1907
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Particulars and free booklet on Massage upon request

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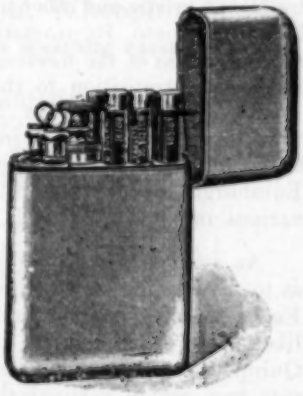

NURSES' INSTRUMENTS and DRESSINGS of All Kinds
TEMPERATURE CHARTS, Etc.

PHONE M. 308

The J. Stevens & Sons Co., Limited
143 Wellington St. W., TORONTO, ONT.

We regret very much to announce that Miss Smedley, superintendent of the Toronto Western Hospital, is suffering from a serious attack of typhoid fever.

Miss R. S. King, a graduate of the Boston City Hospital, and Miss L. S. Bovell, a graduate of the Chester County Hospital, Westchester, Pa., have just begun a poultry farm at West Toronto Junction. Both these ladies are connected with old Toronto families, but were born in the West Indies. Our readers, we know, will find this an interesting piece of news. Fresh eggs are a great desideratum to the trained nurse, both for herself and her patients.

The Alumnæ Association of Toronto General Hospital held its regular meeting on Tuesday, January 8th, when an address was given by the Rev. Canon Welch, of St. James' Cathedral, on "The Development of Character." The speaker dwelt on general education, technical training, and the gradual evolution of character through years of discipline and inward action. This process, always going on, finally results in an influence which we cannot measure, and which we possess, whether we will or no. The speaker concluded by impressing on his hearers that all ideal character looked Christwards.

Miss Pemberton, of Windsor, N.S., during her brief stay in Toronto, visited the General, the Children's, Riverdale and other hospitals, and called at the Central Registry. She was entertained by Miss Christie and other nurses, and we hope she will soon come back to Toronto. By invitation of the Editor, she was present at the conclusion of the meeting of the Publication Committee at the moment of transition to the management of the new Editorial Board of The Canadian Nurse. Miss Pemberton is a true Canadian. She was born in British Columbia, trained in the W. G. H. of Montreal, and afterwards took post-graduate training at Edinburgh, Burnley and Liverpool, holding positions of trust in various important hospitals.

As usual, Christmas brought good cheer to the patients as well as to the nursing staff of the Victoria General Hospital, Halifax. Every effort was made by various churches to bring as much homelikeness as possible to the poor sufferers away from home. The Quinport Road Baptist Church provided a very elaborate Christmas tree, which particularly enchanted the little sick boys and girls, and one little Russian Jewess, who could not speak one word of English, was made as happy as possible with seven dolls. The Y. M. C. T. U., in connection with the First Baptist Church, provided flowers for the adult patients who had no friends. Christmas letters and cards were sent by Miss Kellogg to the patients and staff.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

Coughs, Bronchitis, Pneumonia, Laryngitis, Pulmonary Phthisis, Asthma, Whooping Cough

and the various disorders of the breathing passages.

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,
NEW YORK, U. S. A.

Dr. Heinrich Wolf, of the Imperial Universities of Vienna and Prague, Austria, and for a number of years assistant at the Hydriatic Clinics of Prof. Winternitz, Vienna, and the clinics for internal medicine of Prof. Nothnagel, Vienna, has become a member of the staff of instructors at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorp.), 1711 Green Street, Philadelphia. Dr. Wolf will lecture and demonstrate on the subject of Hydro-Therapy.

On December 13th the nurses of St. Joseph's Hospital, Port Arthur, spent a very happy evening. Early in the evening, accompanied by their friends, they had a most enjoyable sleigh drive, given them by their superintendent, Miss L. Regan. Returning from that, they were entertained by Mrs. W. F. Fortune in her own home, where a very dainty supper was served. The event of the evening was the presentation to Miss Warnica, who had been one of the nursing staff for the past six months, of a handsome ring. Addresses were given by members of the medical staff, expressing deep regret at the departure of so popular a nurse. Miss Warnica is a graduate of St. Michael's Hospital, Toronto, and during the short time she spent in Port Arthur has endeared herself to all. She will be greatly missed by the sisters and nurses and by the many friends she has made in both towns.

On December 19th the Toronto Nurses' Social Club held its second meeting in Court Room No. 1 of the Temple Building. The Christmas season interfered with the attendance, but we who were present enjoyed a great treat, as the Rev. Mr. Welch, of the Bible Society, gave his lecture on "Mark Twain." Many examples of the humorist's style were given, but especial stress was laid upon the punctilious honor of the man, as shown in the giving up of his fortune to pay the debts of the firm of which he was but a sleeping partner, working until he had paid off every cent of the debts and then starting life again at sixty-four as a poor man. He and Sir Walter Scott furnish us with such examples of honor as to make us all want to live better and higher lives. Mr. Davis sang two solos, which were much appreciated. A vote of thanks was proposed by Mrs. Yorke, and seconded by Mrs. Greer, which was carried by a standing vote. Miss Brent, the chairman of the Club, being absent in California, Miss Bowerman took the chair. One matter of business concerning the appointment of representatives of the outside nurses upon the Central Registry was left over until next meeting, which will be addressed by Mr. J. Ross Robertson, who will give a "Travel Talk."

An association of graduate nurses has been formed in Vancouver, and several successful meetings have already been held. Vancouver is making such rapid strides towards importance that it was time for the nursing profession to have some definite organiza-

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tion. At the instance of Miss Morrison, former graduate of the Vancouver General Hospital, a preliminary meeting was called, to which about twenty-four graduate nurses responded and promised their help in forming the association. A definite constitution was drawn up, in which the objects are stated to be: (1) The advancement of the interests of nurses; (2) the promotion of union and good-feeling among the members; (3) the protection of the public against ignorant attendants of the sick. There is a registry in connection with the association at the Victorian Order Home, Davis Street, where the meetings are held, by kind permission of the committee. Dr. Gillies, late of Montreal, has already given an interesting lecture on "Bacteriology," and other members of the medical profession have kindly promised to help in a similar way. Any graduate nurses visiting Vancouver are asked to make themselves known to the association. The secretary is Miss M. A. Ellison, 660 Granville Street, Vancouver.

At the meeting of the Central Registry Committee, on January 7th, the Registrar's report showed the membership to be 228, with five applications to consider. Calls for December, 119; personal, 23; registry, 96; amount in bank, $302.58; due from unpaid fees, $230. Two nurses resigned to accept hospital positions, Miss Kate Sullivan, at Lakeside Hospital, Cleveland; Miss Raymond, head nurse of the surgical wards, at Hackley Hospital, Muskegon, Mich., and one, Miss Flood, a graduate of the Johns Hopkins Hospital, who was married in December to Mr. Harry McLaren, of Hamilton. It is our sad duty to record the death of one member, who was only added to the list two months ago, Miss Sutton, a graduate of Harper Hospital, Detroit, who died suddenly in St. John's Hospital, on December 28th. The members of the Registry may secure History forms from the Registrar after January 15th at very reasonable rates. Address, 644 Spadina Avenue, Toronto.

It is now three and a half years since the first attempt was made to establish a training school for nurses in Newfoundland. Last November the first set of nurses at the General Hospital, St. John's, sat for their final examination, and we are glad to say that eight nurses have been successful. We hope those first nurses will stay with us to assist in the work of training new probationers, instead of launching out into private work on their own account. Our new wing, which will necessitate the doubling of our present staff of nurses, is well under way, the foundation being completed before the frost set in, and everything put in readiness for the spring's work. The Superintendent's house, to be connected with the hospital by a covered way, has got as far as the roof, and it is hoped to have it ready for occupation in the spring, when the present residence will be remodelled to form part of the Nurses' Home. During the summer we had the honor of a visit from Lady Grey, who was staying at Government House,

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and came with Lady and Miss MacGregor to see the hospital. They went into every ward, and their attention being specially drawn to a case of a fine young man paralyzed from a fall of ore in a mine, and shortly to be sent home as incurable, their sympathy took a very practical shape. After returning to Ottawa, the Countess sent to Lady MacGregor a sum of $325, to be used for his relief and for any other similar case. On December 27th a tea and concert were given to the patients by the members of the Cowan Mission. This mission was formed in 1891, in memory of a former matron of the hospital. The ladies who compose it visit the hospital in turn every week, and bring the patients gifts of books, fruit, etc., have a chat with each one and help considerably to brighten their lives. This year they served a most delicious tea in each ward, preceded by a concert in the men's surgical ward, which was attended by all who were well enough to enjoy it. Each patient, as well as each member of the staff, received a Christmas gift. At the end of the evening the nurses who had gained their certificates received them from the Superintendent. These were four in number, *viz.*, Lizzie Redmond, Lizzie Blackmore, Jessie Swyers, Madge Cullian. The other four nurses who have passed all their examinations did not receive their certificates, as they have yet some months of their three years' course to finish. Lizzie Redmond received a prize for taking the first place in the medical nursing examination, and Jessie Swyers for the first place in the surgical nursing examination.

THERE being no maternity ward in connection with the Ottawa General, nor any of the other hospitals in the city, arrangements were made to permit the nurses, in turn, to take a three months' course at the Ottawa Maternity Hospital. Before the opening of the Ottawa Isolation Hospital in 1903, the first class received their training in St. Ann's Isolation Hospital, in charge of the Sisters of Charity. The three years' course covers a wide range, including, as it does, lectures on the different subjects by the members of the medical staff, class work in theory and practical work by the Superintendent, besides the clinics given by the House Surgeons from time to time. Prospects are bright for the formation of an Alumnæ in the near future. The graduates keep in close touch with their Alma Mater, and are frequent visitors. Those residing in the city very often avail themselves of the cordial invitations to attend the interesting lectures of the medical staff.

THE eighth year of the Youville Training School, in connection with the Ottawa General Hospital, has begun under very favorable auspices. With a bright staff of fortythree nurses the work has been entered upon with good will, and the most satisfactory results are expected. Since its fortunate opening in 1899 many great changes have taken place. The first class of five sisters and ten nurses worked bravely under the superintendentship of Miss Hughes, to overcome the numerous obstacles which presented them-

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selves in the course of their training. Miss Banks accepted the position of Superintendent after the resignation of Miss Hughes in 1900, but occupied it only a short time, being succeeded by Sister Mary Alice, the present Superintendent. Nine sisters and twenty-nine nurses have graduated since its establishment. The sisters all occupy positions in the various hospitals of their order throughout Canada and the United States. As for the nurses, one of the first class gave up her life in the pursuit of her duties during an epidemic of typhoid in Sault Ste. Marie. Miss O'Connor holds the position of Superintendent of the Ottawa Isolation Hospital. Of the others, four fill hospital positions, three are married, one has joined the Victorian Order, and the remaining nurses have been most successful in private duty.

It is doubtful if many readers of The Canadian Nurse know that there is such a place as Hazelton, B.C., but in a few years Hazelton hopes to be near, if not on, the main line of the new Grand Trunk Pacific Railway. Six years ago Dr. Wrinch was sent by the Methodist Church as medical missionary to the Indians of Hazelton district. At that time the white population was small, but has been steadily increasing ever since. For some time both white and Indian patients were received in Dr. Wrinch's own house. Two years ago Hazelton Hospital was opened. It is a wooden building, prettily painted green, containing twenty rooms besides an attic and furnace cellar. This year the finances permitted improvements in the shape of the installation of a complete system of water works, and disposal of sewerage on the septic tank system; also an acetylene gas plant, and the addition of ice house and store house. The staff consists of the medical superintendent, a graduate nurse in charge, with two assistants, one in the housekeeping department and one in the nursing. Also a boy for the out-door department; for the patients have what are considered in Hazelton real luxuries, fresh eggs, vegetables and milk. There is also the char-woman, Jenny, a Hugnilget Indian, the envy of the village, because she works for the white people at the "sick house." The Indians make very good patients, doing what they are told, and taking their treatment without objection. Indeed the worse the medicine the more they appreciate it. They are particularly fond of mag. sulph., which is laid in stock by the barrelful. Contrary to what one might imagine they make very poor subjects for anaesthesia. There is no other hospital nearer than two hundred miles, and to the south, north and east, none within many hundred miles, so that many of the patients, especially white patients, miners and others, travel many miles. Some have walked upwards of two hundred miles, others ridden on horses and others still more helpless have been carried on stretchers. In winter, mails only reach the hospital once a month, and then mainly letters; very few periodicals or papers get through. From October to May there are classes for the nurses, Clara Weeks' text-book on nursing being used. Lessons are also

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MRS. MARY S. FOY, Superintendent

given in anatomy and materia medica. This year the nurses are taking up cooking, using as text-book "The Boston Cooking School Cook Book." The scenery around the Hazelton Hospital is very beautiful, surrounded on all sides by snowy-capped mountains, some near and some in the far distance, while as for climate it is second to none. Miss Bone (gold medalist of Grace Hospital, Toronto) is Head Nurse in this interesting hospital. During Dr. Wrinch's recent visit to Toronto Dr. Rolls filled his place.

Miss Brent, Superintendent of the H.S.C., Toronto, has just returned after a brief but delightful holiday in California.

As we go to press, invitations are being issued for the opening of the new Nurses' Residence of the Hospital for Sick Children, Toronto, on February 5th. It is expected that Miss Henderson, R.V.H., Montreal; Miss Meiklejohn, L.S.I., Ottawa; Miss Goodrich, of New York; Miss Palmer, of Rochester, and a number of other distinguished guests, will be present.

The Canadian Nurses' Association of Montreal have been quietly but effectively working for the incorporation of their Association in Quebec. Their Bill is now ready, and their lawyer assures us that he has good hope of its passing the Quebec Legislature during the present Session. We shall watch its progress with the greatest interest and hope for its success.

On Wednesday, January 16th, Mr. Frank Yeigh gave a delightful Illustrated Travel Lecture at the regular meeting of the Toronto Nurses' Club, in the Temple Building, on "Twentieth Century Canada." The pictures were so interesting and the lecture so inspiring that everyone who heard it congratulated herself on being present. The attendance is increasing, but many who would enjoy the meeting do not yet know what they are missing.

BIRTHS.

Cornwall.—On December 18th, 1906, to Dr. and Mrs. B. Cornwall, of Williamsville, N.Y., a son. Mrs. Cornwall is a graduate of the G. & M. Hospital, St. Catharines, Ont.

Hammil.—To Mr. and Mrs. J. Hammil (nee Foster), Indian Head, Sask., a daughter. Mrs. Hammil is a graduate of the G. & M. Hospital, Saskatoon.

MARRIAGES.

Dougan—Slipp.—On December 19th, 1906, at Fredericton, N.B., Blanche Slipp, a graduate of the V. P. Hospital, Fredericton, was married to Dr. B. Hayes Dougan, of Harvey Station, N.B. Dr. and Mrs. Dougan will reside at Harvey Station.

Chipman—Shearer.—At the residence of the bride's father, Brockville, Ont., Helen Shearer, graduate of the Lady Stanley Institute, Class 1905, to Dr. W. Chipman, Delta, Ont.

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The Nurse's Library.

The Australasian Nurses' Journal, the journal of the Australasian Trained Nurses' Association (Sydney, N.S.W.), for November 15th, has just reached us, and contains, among other good things, a lecture by Dr. Fiaschi, on "The Various Wines Used in Sickness and Convalescence.

The Nurse's "Enquire Within." Under the above title the *Scientific Press* (London, Eng.), publishes a compact little book, written by a nurse, for "those in charge of the sick, whether trained nurses, or those who are called to attend the sick without previous training." It contains information on many points, and will, we think, be of most use to the second class above mentioned.

Messrs. Burroughs, Wellcome & Co. (London, Sydney and Cape Town) have published in connection with the great B. M. A. meeting of 1906 a book containing "Historic Notes and Canadian Medical Lore." In so doing they have done no little service to us all. This is a unique and valuable memento of the meeting.

The Combined Treatment of Diseases of the Eye. By G. Herbert Burnham, M.D. (Tor.), F.R.C.S. (Edin.). London: H. K. Lewis. 1906.

Dr. Burnham's original and highly successful mode of treatment is well known to many of our readers. Much satisfaction has been expressed by the medical profession at the appearance of his book, which has attracted considerable attention.

A Preliminary Report Concerning the Construction of Hospitals for Children. By Dr. C. P. Emmerson, of the Johns Hopkins Hospital, Baltimore. 1906.

Dr. Emmerson is one of these rare persons who does everything well, and this valuable treatise, modestly called a "Preliminary Report," is no exception to the rule. To prepare it, he visited children's hospitals in ten different countries, and the result is an extremely valuable compend of information about everything connected with children's hospitals. It was undertaken for, and presented to, the managers of the Harriet Lane Home for Invalid Children, of Baltimore City.

Cupid and the Candidate. Mrs. Leeming Carr. Toronto: William Briggs.

So many interesting things happen nowadays that one can scarce find time to enjoy them all. Never before, it would seem, have so many real Canadian books—good Canadian books—appeared. But now it comes nearer home. Not a nurse but will feel a thrill of pleasure and pride to hear what a good story has

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